FOR STATE!

be executed within 24 flours ofter death. If any delay is "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to

IO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If

necessory, please execute the certificate, writing the word

Examiner's Office along with form PM3. Page soges I and 2 with the State Department of Health or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours ofter death. the funeral director. Page 4 should be forwarded to the Chief Medical 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Them #9 Film #G382 11/1/6 pc

THE PROPERTY OF DEATH

1403	56	MEDICAL EXAMINER'S	CERTIFICATE	OF DEATH	14098
PLACE OF DEAT     a. COUNTY	Dorchester	MARYLAND	CTATE	(Where deceosed lived, if institution:  b. COUNTY	Residence before admission)
b. CITY OR TOW write RIPAL	N (If autside carparate limits,	c. LENGTH OF STAY IN 16	c, CITY OR TOWN (If	autside corporate limits, write RURAL	and give neorest town)
	and give nearest tawn)		Win	nter Garden	48-3
	SPITAL OR INSTITUTION (If not in t		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Near	Waddell's Corr	ner	/2	9 East Bay Street	YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE Manth	Day Year
(Type ar print)	Cleo		Ballard	DEATH October	
S. SEX		MARRIED NEVER MARRIED	B. DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS.
Male	0	IDOWED DIVORCED		approx, 50 yrs.	
during most of work	10N (Give kind of work dane ing life, even if refired) <b>Laborer</b>	106. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (Sto	te or fareign cauntry)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAMI	E	4	14. MOTHER'S MAIDE	N NAME	
15. WAS DECEASED (Yes, no, ar unknow	EVER IN U.S. ARMED FORCES?  n) (If yes give war ar dates of serv	ice) 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	DF 01
Conditions, if a rise to immed stating the unlast.	DEATH (Enter anly one couse per per per per per per per per per pe	Loce af	and 1	neart	INTERVAL BETWEEN ONSET AND DEATH
CATION		BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE C	ONDITION GIVEN IN PART I(0)	PERFORMED? YES NO
	CONTRIBUTING 🗆	20b. DESCRIBE HOW INJURY OCCURRED	). (Enter nature of injury i	n Part I ar Part II af item 1B.)	
20c. TIME OF Hour	NJURY Month, Day, Year a.m. p.m. 10 - 16 1966		ACE OF INJURY (Home for actory, street, office bldg., et	(c) June 2 ye Bro	(County) (State)
21. l cer	tify that I took charge of	the remains described obove, h	ield an Autopsy 🔀	, Inspection , Inquiry	and in my apinion
death res	ulted fram: Natural ca	uses 🔲 Accident 🔀 Su	icide 🔲, Homicio	le . Undetermined mann	ner []
ACTUAL	KAIN V		CHIEF MEDIC	AL EXAMINER .	
SIGNATURE_	100-M K3	Rel-T	M.D. ASSISTANT M	EDICAL EXAMINER	22. DATE SIGNED
EXAMINER'S NAME (Type)	PW Rieck	end F-New U		(A) EXAMINER (), city, tawn, or caunty)	10-16-66
REMOVALYSpec	10,77,6	23c. NAME OF CEMETERY OF	Wad School	23d. LOCATION (City or Town) BOLTIMORE F	(County) (State)
24 FUNERAL DUBE	ramptom and Son	, Federalsburg, M	arviand		RAR'S SIGNATURE

VR A15ME (5)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removed and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Dorchester
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Cambridge  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Cambridge
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   e. IS RESIDENCE
Cambridge Maryland Hospital	601 Maryland Avenue ON A FARM?
	Last 4. DATE Month Day Year INSFIELD DEATH October 5, 19 66
2. MINISTELL I ITALIA MANISTELIA I	Aug. 16, 1908  9. AGE (In years   FUNDER 1 YEAR   FUNDER 24HRS.   Months   Days   Hours   Min.   Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  None-Cripple  10b. KIND OF BUSINESS OR INDUSTRY	Dorchester Co., Maryland USA
Julian B. Brinsfield	Mary Catherine Murphy
	s. Melvin Turner, Sr., Cambridge, Md.
18. CAUSE OF DEATH [Enter only one cause per ling for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)  Cholecut Tis	eus, liver abscess  with lithiasis  TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19, WAS AUTOPSY
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  PERFORMED?  YES NO []  RRED, (Enter nature of Injury in Part 1 or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC While Not While at work at work	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	CT 4, 1966, to OCT 5, 1966 that (1) (we) last
saw the deceased alive on OCT 5 19 66 and that	death occurred at 44M, from the causes and on the date stated above.
22a. SIGNATURE	
NAME (Type) Lewis M. Bundette	60/ LDOUST St. Cambridge Md.
Burial Oct 7, 1966 Brookview Met	
LeCompte Funeral Service, Cambridge, Mar	yland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

VR A15 (4) 20M 1/65

+ 1,000

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH deothe The law requires that the death certificate be executed within 24 hours after death. funerol ond 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY a. STATE b. COUNTY tely filled in by the fun-the bon popers. Poges 1 of within 72 hours after d Dorchester MARYLAND Dorchester b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Cambridge Life Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 8. IS RESIDENCE ON A FARM? d. STREET ADDRESS Cambridge Maryland Hospital 706 Dourlas Street YES NO X remove carbon in the many with 4. DATE 3. NAME OF Middle Fiest Doy Year DECEASED (Type or print) Gordy October 26 19 66 Carr DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS. 9. AGE (In years S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Hours Stone . May 25. Male Negro WIDOWED DIVORCED puo 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) ease INDUSTRY pup Dorchester Co., Md. Labbrer Vane 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME α. burial, cremation, or removal, Joseph Carr Martha Ennels 17. INFORMANT 16. SOCIAL SECURITY NO. Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, arunknown) (If yes give wor or dates of service) Issac Carr Cambridge. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH buriol-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Bronchogenic Carcinoma Poge 4 moy be retoined by the hospital or ottending physicion. signed by DUE TO 6 months Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse State Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) use NO X YES. **DIRECTOR:** After this certificate 20 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year Hour o.m. factory, street, office bldg., etc.) Not While of work ot work . 19 66 to October 209 66 that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from April saw the deceased alive an Oct > 26 1966, and that death occurred at P. M. from causes and on the date stated above. 22b. DATE SIGNED 22o. SIGNATURE STAFF ATTENDING 10-29-66 DIRECTOR PHYS. M.D. PHYS. director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Edwin Fassett. Pine Street M.D. Cambridge. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF (State) BENOVAL (Specify) 10/30/66 Cambridge Waugh Der. 0 250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66 NOV Cambridge, Md. DATE

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

K A	OFI /	53	CERTIFICAT	E OF DEATH	1	4101
O0	o. COUNTY			o STATE	re deceased lived, if institution: Re	esidence befare admission)
	O. COUNT	Dorchester	MARYLAND	Maryla	and Do	rchester
	b. CITY OR TOWN	(If autside carparate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	le corporate limits, write RURAL on	d give nearest tawn)
	Cambr	and give nearest tawn)	Life	Cambr:	ldge	09-1
	d. NAME OF HOS	PITAL OR INSTITUTION (If not in	n haspital, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
10	52	1 H4 Pine	Street	521 P:	Ine Street	YES NO NO
	3. NAME OF	First	Middle	Lost 4	DATE Month	Doy Year
	(Type or print)	Iona	Kiah	Coleman	DEATH OCT.	10 1966
	S. SEX	6, COLOR OR RACE 7	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF U	NDER I YEAR   IF UNDER 24 HRS.
	Female	Negro	WIDOWED DIVORCED	Oct. 2, 190	2 64 birthdoy) Mon	ins bays rious min.
	10a, USUAL OCCUPAT	ON (Give kind of work done	10b, KIND OF BUSINESS OR	11. BIRTHPLACE (County & S	tate, ar foreign country)	12. CITIZEN OF WHAT
	during most of warki	ng life, even it retired) SEWITE	INDUSTRY	Dorcheste:	r Co. Md.	COUNTRY? USA
	13. FATHER'S NAME		·	14. MOTHER'S MAIDEN NAM		
		John W. K	lah	Henrie	tta Clash	
	15. WAS DECEASED I	OVED IN ILE ADMED CODCEES	14 FOCIAL FECURITY NO. 17	INFORMANT	Address	
	(Yes, no, ar unknow	(If yes give war ar dates af s	ervice) 214-28-3047	Lorraine Co	aleman Sam	
		DEATH (Enter anly one cause		20146720		INTERVAL BETWEEN
	PART I. D	EATH WAS CAUSED BY:	Classica and a second delican	ombosis		ONSET AND DEATH
	4201	IMMEDIATE CAUSE (a)		OHDUSIS		
	Conditions if a	and subtable agency of				
	rise to immed	iote couse (o).				
		derlying couse				
	last.	) (c)		THE TENNING DISCLES COURT	BOW OWNERS BART 3/ 1	I In MAC AUTODOV
0	S PART II. UTHER	SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO	) THE TERMINAL DISEASE CONDI	HUN GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
6	200. ACCIDENT I					YES NO
	200. ACCIDENT	WAS UNDERLYING □ NG □ CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED	). (Enter noture of injury in Par	t I ar Part II af item 18.)	
		FY MEDICAL EXAMINER)				
	20c. TIME OF I	NJURY Manth, Day, Year		LACE OF INJURY (Hame, farm, actory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	¥ 11001	p.m. 19	While at wark of wark	sciory, street, ortice sadg., etc.)		
	21. 1 ce	rtify that (I) (this haspi	tal) attended the deceased fram.	Oct. 8 , 19	66, to Oct. 10,	1966, that (I) (we) la
	saw the	deceased alive on OC	to 10- 1966, and the	not death accurred ot_	M, fram causes ond	on the date stated abov
	22a. SIGNATU	RE (Valling	1 24	ATTENDING M	D STAFE 27	2b. DATE SIGNED
		White !	uny	M.D. PHYS.	ED. STAFF C	ct. 13, 196
1	22c. PHYSICIA	N'S	The state of D	22d. ADDRESS	04t 0 -1	-4 a
1	NAME (T)	pel J. Edwill	Fassett, M.D.	/2/ Pine	Street Camb	oridge, Md.
	23a. BURIAL, CREMA	TION, 23b. DATE THERE	OF 23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
	Burian	10/15/	66 Waugh	1	Cambridge	Dor. Md.
0	24. FUNERAL DIRE		ADDRESS	2Sq. REC'D B	Y REGISTRAR 2Sb. REGISTRA	AR'S SIGNATURE_
B	The deli	16 ( VILLA	Cambridge	Md. DATE OC	1 1 4 1966 /	corles Judge

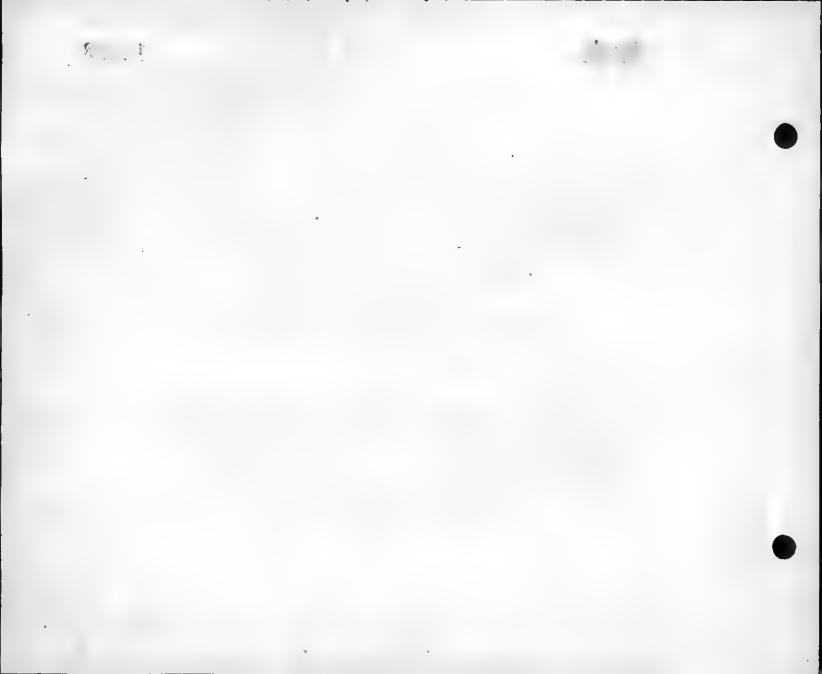
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

THE PROPERTY OF THE PARTY OF TH E ( ) # (1) A I The state of the s SANDER SOUTH THE SANDER SOUTH THE

DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH and, 2 death. PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. funeral 2. USUAL RESIDENCE (Where deceased lived, if institution 1. PLACE OF DEATH b. COUNTY o. STATE a. COUNTY Dorchester Maryland Dorchester MARYLAND ase remave carban papers. Pages I nd in any event, within 72 haurs after b CITY DR TOWN (If outside carparate mits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give necrest town) Life Church Creek Rurale IS RESIDENCE ON A FARM? d NAME DE HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STRFET ADDRESS YES NO DE Cambridge Maryland Hospital 3. NAME OF DECEASED Middle Lost 4. DATE Month Year attending physician and campletely termit. Them please remave carban Goldie Rufus 19 66 Dean Oct. DEATH (Type or print) S SEX 6. COLDR DR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED X NEVER MARRIED lost burthday) Months Doys Hours Lale Negro Nov. 10, 1899 WIDOWED DIVORCED 1). BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT COUNTRY? 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working inte, even if retired) INDUSTRY Dorchester Co.. USA 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME burial, cremation, or remaya Richard Sarah Harris Dean IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no grunknown) (If yes give war or dates of service) 213-07-6580 Vermount Dean Church Creek. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Coronary thrombosis by the haspital or attending physician. DUE TO One day Conditions, if ony, which gove rise to immediate couse (o), DUE TD stating the underlying couse After this certificate has been be detached far use as the State Dept, of Health priar tal 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X Bleeding duodenal ulcer 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (1) (this haspital) attended the deceased fram 10-12-19 66 to 10-13-19 60 that (I) (we) last Page 4 may be retained director, page 3 shauld shauld be filed with the saw the deceased alive an 10-13-19 66 and that death accurred at \_\_\_\_\_M, from causes and an the date stated above. FUNERAL DIRECTOR: 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. ATTENDING Oct. DIRECTOR M.D. PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) J. Edwin Fassett, M.D. Pine Street Cambriage. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) 10/16/66 Linas Road Dorchester Co 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Cambridge, Md. OCT 1956



Cambridge

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4)

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

Derchester

e. IS RESIDENCE ON A FARM?

Year

19 66

No X

YES []

Hours

INTERVAL BETWEEN

ONSET AND DEATH

**WAS AUTOPSY** 

NO X

(State)

(State)

PERFORMED?

19 66, that (I) (we) last

12. CITIZEN OF WHAT

COUNTRY?

USA

(County)

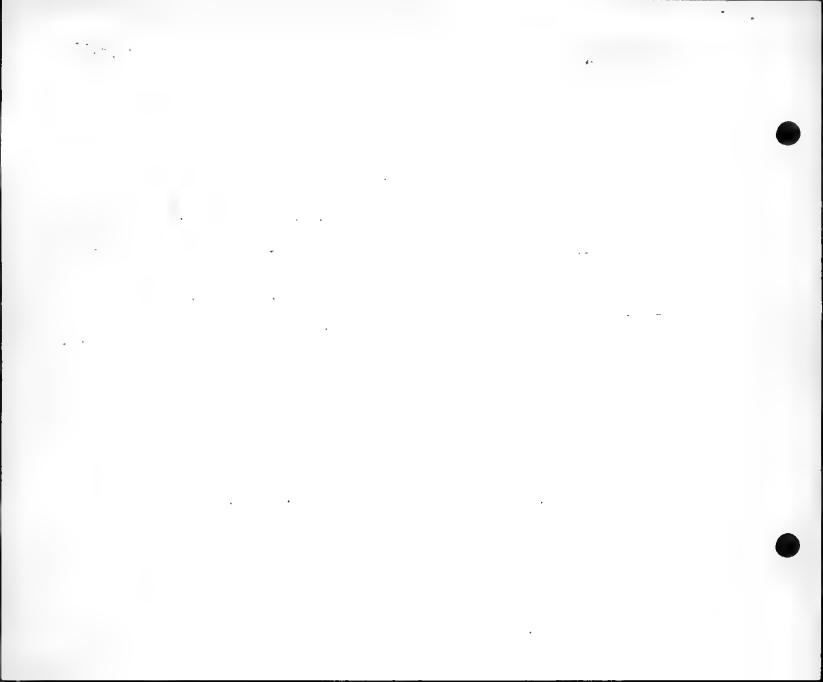
22b. DATE SICNED

1966

DATE



.1	- I	em 21 Film 352 10-31-66 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STA	TE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14104	
	EPI	PLACE OF DEATH  o. COUNTY  a. STATE  b. COUNTY  b. COUNTY	J
y delay is and 3 to PM3 Page		Porchester MARYLAND Maryland Wicomico	2
delay and 3 M3 Pac	tmer er de	winds [1] on the negative from 1	, 1
= 64	Department of rs after death	L NAME OF HOSPITA. OR INSTITUTION (If not n haspital, give street address)  d. STREET ADDRESS  d. STREET ADDRESS  d. STREET ADDRESS	CE
es l form	haurs	astern Share State Hosp. R.D#1 YES NO	
Pages Vith far	72	NAME OF Frst Middle Lost 4 DATE Month Day Year DECEASED OF	
after death. If a 8. Give Pages 1, along with form	f E	Color or Race / Married   Never Married   B Date Of Birth   9 AGE (In years   If under 19 AGE)	
18. (ala	with	F WIDOWED DIVORCED Nov. 24, 1889 (95 6.75day) Manths Days Haurs	Min
haurs Item 1. Office	dand 2 event	Da USUA, OCCUPATION (Give kind of work done   106 Kind OF Business OR   11 BIRTHPLACE (State or fareign country)   12 C TIZEN OF WHAT	
75 = 77	duy e	uring most of working life, even if retired)  INDUSTRY  LENGTHERE (None)  INDUSTRY  LENGTHERE (None)  COUNTRY?  LENGTHERE (None)	JSA
within pencil xamine	8.⊆	3. FATHER'S NAME	
	File	S. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO 17 CHERNAMIA Nay Townsend Themes (Grand daugited to social security no 17 CHERNAMIA Nay Townsend Themes (Grand daugited to social security no 18 Social security no 18 Social security no 18 CHERNAMIA Nay Townsend Themes (Grand daugited to social security no 18 Social security no 18 CHERNAMIA Nay Townsend Themes (Grand daugited to social security no 18 CHERNAMIA NAY TOWNSEND T	-0.70
cufe 1g°° dical	permit. maval, i	ves, no, oxypiknawn) (if yes give war ar dates of service) unknown Eustern Thore State bsp. Gimber	ST
be executed "pending" in ite Medical E	it permit. remaval,	IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) TITS. COTGELIE MAY TOWNSONG THAT INTERVAL BETWE	EN
d be d 'p	burial-transit matian, ar re	IMMEDIATE CAUSE (a)	<u> </u>
shauld e ward a the C	rial-l	Canditions, if any, which gave ) (b)	
te ≤h 1	а ра	rise ta immediate cause (a), stating the underlying cause DUE TO	
certificate wr ting th prwarded to	used as a burial-trans burial, cremation, ar	last (c)	
s certificate shauld be executed s, wrting the ward "pending" i farwarded ta the Chief Medical		PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19. WAS AUTOPS PERFORMED	-
	r to	PERFORMED  TO EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CAUSE OF DEATH OF CONTRIBUTING TO CAUSE OF CAUSE OF DEATH OF CONTRIBUTING TO CAUSE OF CAUS	
INER: Thi e certificat shauld be files.	ge 3 shauld agent, prior	PRIMARY I Or CONTRIBUTING TO THE PRIMARY I OF CONTRIBUTING TO THE	
<b>至</b> ~ 4 年,	m ⊑	20c TiME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, form, p.m. 1013-1966 White at wark of	te)
execute the certification. Page 4 shauld	B 10 ( 4 .	District Of Street Of Stre	7
AL exec		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my op death resulted from Notural causes, Accident _X_, Suicide, Hamicide, Undetermined monner	inion
MEC.	IREC desig	CHIEF MED CA. EXAM NER	
Y ME		SIGNATURE MD ASS STANT MEDICAL EXAMINER L	NED
O DEPUTY necessary, p the funeral 5 may be n	O FUNEKAL DIRECTOR: Page Health or its designated age	EXAMINER'S NAME (Type) JOHN MACE JR. DEPUTY MEDICA. EXAMINER Address (Street, city, town, or county)	16
o D D D D D D D D D D D D D D D D D D D	Hed /	3a BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stot.	,
- 1	R	Burial Oct. 20,1966 Line Church Cemetery Wicomico County, Marylan ADDRESS 250 REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE	1
VR A15 6M T	ME (5)	HOLLOWAL & CO. PANY, SALIDLURY, MANIYLAND DATE OCT 24 1966 Icharles Judy	الم



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		1610	<b>7.</b>		CERTIFIC	ATE	OF DEATH	,		1410!	5
		PLACE OF DEATH	-			1	2 USUAL RESIDENCE	Where deceased			fore admission)
	C	o. COUNTY	Derchest	er	MARYLAI	ND I	o. STATE Mar	vland	b. COUNT		ester
	t	b. CITY OR TOWN (	f outside corporate limit	15,	c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN (If o	utside corporate	limits, write RURA	-	
			idge		1 year			bridge	)	d	11
	C		AL OR INSTITUTION (If n	, ,	,		d STREET ADDRESS	_			e IS RESIDENC ON A FARM
7			dge Maryl					Park	Lane		YES NO
	3 1	NAME OF DECEASED		rst	Middle		Lost	4 DATE OF	Month		oy Year
	S 5	(Type or print)	Ros1		Daniel	- I s	Horton DATE OF BIRTH	DEATH	Oct	IF UNDER 1 YEA	7 1966 R TIFUNDER 241
				7. MARRIED	NEVER MARRIED   DIVORCED				last birthdoy)	Months Day	
	_	Female	Negro (Give kind of work done	1	IND OF BUSINESS OR	ا ا	une 30	1894	72 yrs.	12. CITIZEN	OF WHAT
		ng most of working	life, even if retired)		DUSTRY		Nerth	,		COUNTR	¥2
	13	FATHER'S NAME	<u>r</u>				14. MOTHER'S MAIDEN		, MLEC	00	)A
			Clif He	rten				nknewr	1		
	15	WAS DECEASED EVE	R IN ILS ARMED FORCES	1 16.	SOCIAL SECURITY NO.	17 IN	FORMANT	TILYTIN MT	Addres	S	
	(Y e:	s, no or unknown)	(If yes give wor or dates	of service)	None	Lu	la Spice	r	Cambr	idge.	Md.
	Т	18. CAUSE OF DE	ATH (Enter only one co	use per line for							INTERVAL BETWEE
		PART I DEAT	'H WAS CAUSED BY: IMMEDIATE CAUSE	(0)	Cardiac	de	compensa	tion			ONSET AND DEATH
		4200		TO							
		Conditions, if ony, rise to immediat	e couse (a)	(b)	Arter103	<u>scle</u>	retic he	art di	sease		
		stating the under		10							
		last	,	(c)		n *n *	T TOTAL DECISE OF		DI 5452 14 1	1	IO WAS A TODGY
	8	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING 1	TO DEATH BUT NOT RELATE	D TO TH	E TERMINAL DISEASE CO	INDITION GIVEN	IN PART 1(0)		19 WAS ALTOPSY PERFORMED?
7	E S	DON ACCIDENT MIN	Hubertaine (2)	201- 00	SCOURS HOW INTERV OCCU	DDED /C	nter paties of ioning in	Doet Los Doet	II of item 10 t		YES NO
	E		CAUSE OF DEATH	205. VE	SCRIBE HOW INJURY OCCU	KKED. (E	nter noture of injury in	ron i or ron	is of item 16.)		
	MEDICAL CERTIFICATION		MEDICAL EXAMINER)  JRY Month, Doy, Yeor	204 0	NJURY OCCURRED 20	n PLACE	OF INJURY (Home, for	m. 20f.	(City or town)	(County)	[State
	NED I	Hour o.r	n. 10	While	Not While		y, street, office bldg, etc		tent or rown,	(400011))	(Sian
	-	2) Leagti	III.	ot worl	ded the deceased fro	ım 5	Sent. 25	1966 to	Oct. 7	1966	that (I) (we)
		saw the de	eceased alive on_	Oct.	7. 1966, and	d that	death occurred a	tM,	fram causes a	nd on the o	lote stoted al
	- Ł		\ / /	, ,			I TTT I DINA	MED.	STAFF -	22b. DATE S	IGNED
	- 1	220. SIGNATURE		tar e					— JIMII —	A 4	/
		ZZO. SIGNATURE	(Eur)	12 .	1	M.D.	PHYS.	DIRECTOR L	→ PHYS.   — I  → PHYS.   → PHYS	Oct.	7, 196
,		22c. PHYSICIAN'S	Fine?	n For	cott M D		PHYS. 22d. ADDRESS	DIRECTOR L			_
/	25	22c. PHYSICIAN'S NAME (Type		n Fas		)	PHYS. DO 22d. ADDRESS 727 Pin	DIRECTOR L	et Ca	abride	e, Md.
/		22c. PHYSICIAN'S NAME (Type)	ON, 23b. DATE TH	IEREOF	23c. NAME OF CEMETER	RY OR C	PHYS. DO 22d. ADDRESS 727 Pin	DIRECTOR L  Stre  23d. LOCA	et Ca	pbridg	re, Nd.
/	Re	22c. PHYSICIAN'S NAME (Type	23b. DATE TH		23c. NAME OF CEMETER	RY OR C	PHYS. 22d. ADDRESS 727 Pin REMATORY Fork	DIRECTOR L  Stre  23d. LOCA	et Ca. ATION (City or Tow	pbridg	e Nd.

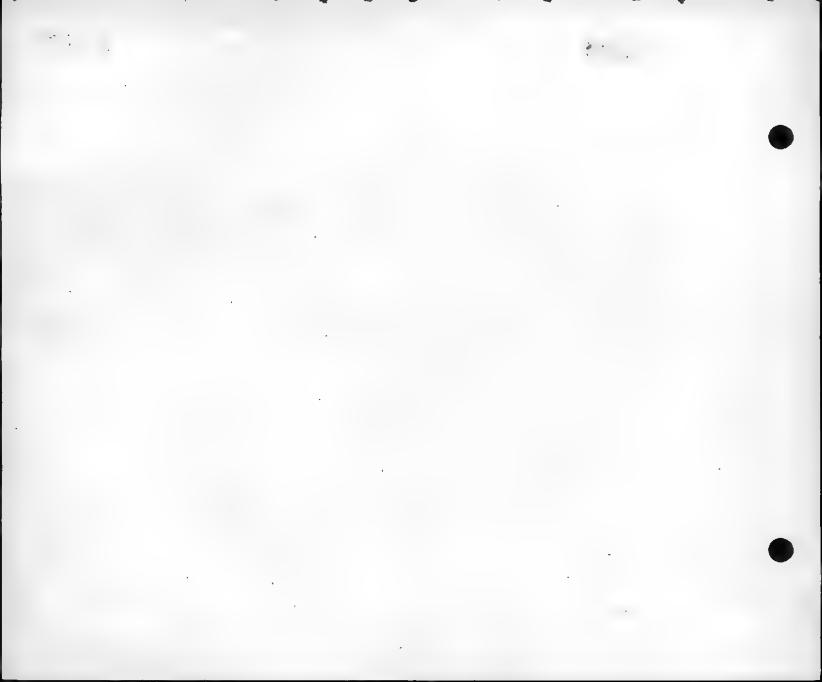
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. ican and completely filled in by the funeral leas, remove carbon papers. Pages 1 and 2 end in any event, within 72 hours after death TO SERVICE SER TO FUNERAL DIRECTOR: After this certificate has been signed by the attending piredirector, page 3 should be detached far use as the burial-transit permit. They should be filed with the State Dept. af Health prior to burial, crematian, or removal Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

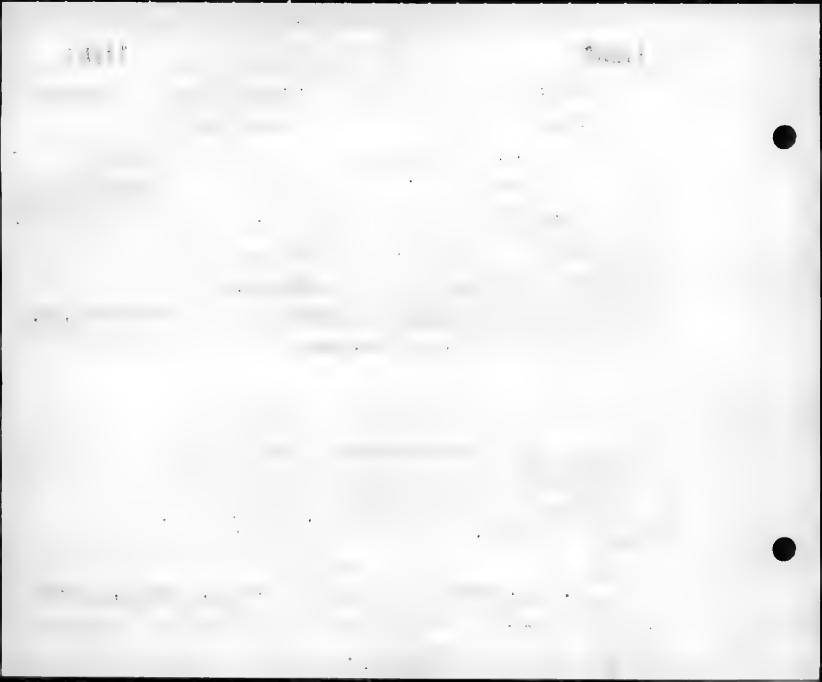
USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY DORCHESTER c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) e. IS RESIDENCE ON A FARM? YES NO X Year Month Day 10 1966 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days Hours ! YES. 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) **COUNTRY?** M & U.S. SIR MAN Address 3/1 Glenburn INTERVAL BETWEEN ONSET AND DEATH days TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 🔀 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) (State) 20f. (City or town) (County) 10-27 1966 that (I) (we) last and that death occurred at // A.M., from the causes and on the date stated above. 22b. DATE SIGNED 10-27-66 PHYS. CAMBRIDGE 23d. LOCATION (City, town or county) (State) Burial (Specify) Cambridge, Maryland 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE LeCompte Funeral Service, Cambridge, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH and 2 death. be executed within 24 haurs after death. by the funeral Pages 1 and 2 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY Dorchester cian and campletely filled in by the fur lease remave carban papers. Pages 1 and in any event, within 72 haurs after MARYLAND Dorchester CLENGTH OF STAY IN 16 c (ITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge Fishing Creek d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Cambridge Maryland Hospital Inc YES NO 🚽 3 NAME OF Jr4 DATE Year Last Doy DECEASED (Type or print) WILLIAM OF. Insley DEATH October | 19 66 1F UNDER 24 HRS B. DATE OF BIRTH AGE (In years S SEX 6 COLOR OR RACE **NEVER MARRIED** 7 MARRIED last birthday) Months Days Haurs Min. October 4, 1966 WIDOWED DIVORCED ma 1e white 13 12. CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar foreign country) COUNTRY? Maryland during most of working life, even if retired) INDUSTRY ysician US none Dorchester County 13. FATHER'S NAME burial, crematian, ar remaval, William Wesley Insley Barbara Ann Dean IS WAS DECEASED EVER IN L. S. ARMED FORCES? 16. SOCIAL SECURITY NO. The law requires that the deatly (Yes, no, or unknown) (If yes give war or dates of service) mother Fishing Creek, Md. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (t).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit s ONSET AND DEATH Hyaline Memb. Disease IMMEDIATE CAUSE (a). Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise ta immediate cause (a), DUE TO stoting the underlying couse director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior to has been 19 WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES PA NO **DIRECTOR:** After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 1B.) 20g ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (City or town) (County) (Stote) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Not While at work 21. I certify that (I) (this haspital) attended the deceased fram Oct. 4 saw the deceased alive an Oct. 5 1966, and that death accur , 19 66 to Oct. 5 , 19 66, that (1) (we) last 1966, and that death accurred at 1:30 M, from causes and on the date stated above. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) Dr. Wilbur Baumann 603 Church St. Cambridge, Maryland 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) 23o. BURIAL CREMATION REMOVAL (Specify)
Burial Dorchester Memorial Park Cambridge Dorchester Md 10-8-66 25b. REGISTRAR'S SIGNATURE 9 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR **ADDRESS** 1966 VR A15 (4) Lecompte Frineral Service 308 High St



FOR STATE

within 24 hours after death 11 any delay is pencil in Item 18. Give Pages 1, 2, and 3 to faminar's Office alang with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Tage 3 shamld be used as a berial-transit parmit. File pages I and 2 with the State Tepartment of Health ar its designated agent, priar to burial, cremation, or remaval, and in any event with n 72 haurs after death Kaminer's Office alang with farm necessary, please execute the certificate, writing the ward "pending the funeral director Page II shauld be farwarded to the Chief Medical St

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be exec

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

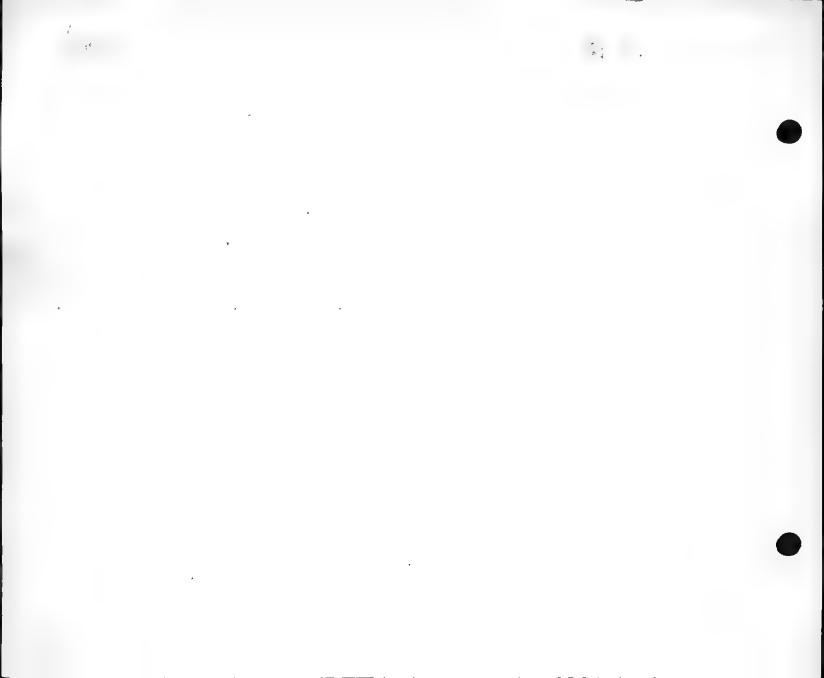
15	107	MED	ICAL EXAMINER'S	CERTIFICATE C	OF DEATH	14108
a. COUNT			MARYLAND	2 USUAL RESIDENCE (	Where deceased lived, finst tyland b co	utan Residence before odmission) UNTY Dorchester
b (ITY OI	R TOWN (if outside corparate limit RLRA, and a ve nearest town) RDPACEE	5	LENGTH OF STAY IN 16	CITY OR TOWN (Fo	utside corparate limits, write R L-Toddville	URAL and give nearest town)
	of Hospital or Institution (fine			d street address None		e IS RES DENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or )	T.T.T.T.	IAN	PRITCHETT	JONES Lost	4 DATE Mo OF DEATH	Oct. 24 Year 66
eMale	6 COLOR OR RACE White	7 MARRIED WIDOWED	NEVER MARRIED DIVORCED	Feb. 11, 18	382 9 AGE (n years lost b rthday)	Manths Days Haurs Min
during most of	CUPATION (G ve kind af wark dane if warking we even if retired) OOT - HOUS CWII 9		nd of Business or oction.  Chool-Home	Dorchester	r Co., Md.	12 CITIZEN OF WHAT COUNTRY? USA
13 FATHERS	John T.	Pritch	nett	14 MOTHER'S MAIDEN Arietta 1	NAME Langrall	
IS WAS DEC	EASED EVER IN U.S. ARMED FORCES? nknawn) (If yes g ve war ar dates o	of service)	social security no 17 nknown M	INFORMANT Irs. Carroll	Todd, Toddvi	ress Lle, Md.
rise to it	アメヘ DUE ns, if any, which gave mmediate cause (a), the underlying cause  OTHER SIGNIFICANT CONDITIONS C	(b) TO	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ND TION GIVEN IN PART 1(o)	19 WAS AUTOPSY PERFORMED?
CARTIFICATION  CARRESO  EX  TABLE 10	TERNAL CAUSE WAS	20h DE	SCRIBE HOW IN.JRY OCCURRED	(Enter nature of injury in	Port I or Part II of tem 1B)	YES NO X
= 0,1072 0	F DEATH  SE OF INJURY Month, Day, Year Haur o.m.  pm 19	20d IX	Not While fo	ACE OF INJURY (Hame, farr ctary, street, office bldg , etc.		(Caunty) (State)
1 1	URE July No.	e of the ren of causes &	noins described obove, h ], Accident [], Su	CHIEF MEDICAL  M.D. ASSISTANT MEDICAL  DEPUTY MEDIC	Undetermined   EXAMINER   DICAL EXAMINER   AL EXAMINER	22. DATE SIGNED
23a BURIAL,	(REMATION 23b DATE THE OCT 26		23c. NAME OF CEMETERY OF Dorchester M	CREMATORY	t, city, town, or county) Car 23d LOCAT ON (City or I Cambridge	
24. FUNERA LeCon	DIRECTOR  pte Funeral Se	rvice,	ADDRESS Cambridge, Ma			REGISTRARS S GNATURE

VR A15ME (5) 6M 1/66

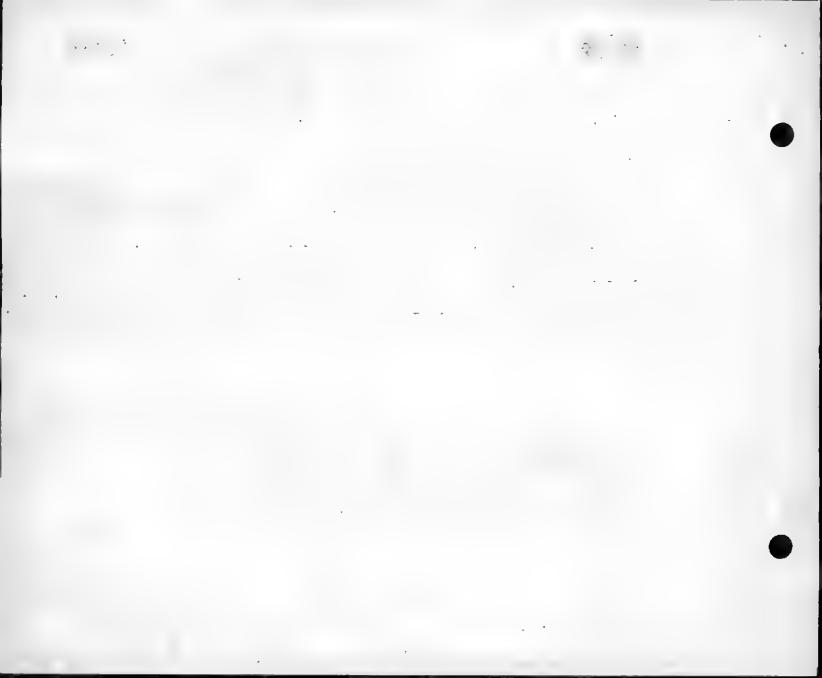


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) COUNTY b COLNTY Maryland Dorchester Dorchester P.M.3. Page ö death. MARYLAND Deportment b CITY OR TOWN (If outside corporate I mits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate imits, write RURAL and give nearest town) and Rural-Cambridge after Life Rural-Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)
RFD #3, Morris Neck Road d STREET ADDRESS e IS RESIDENCE ON A FARM? 18. Give Pages 1, 2 along with farm hours RFD #3. Cornersville ate YES NO X This certificate should be executed within 24 hours after death 3 NAME OF First Middle 4 DATE Month e St. LDST Year DECEASED BANNIE MILLS OF +1e October 1. 66 , Q within (Type or print) DEATH with 5 SEX 6 COLOR OR RACE 8 DATE OF BIRTH AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED (Barrinday) Months Male White Nov. 20. 1896 WIDOWED KX DIVORCED event in pencil in Item 1 Office N Duol 11 8IRTHPLACE (State or foreign country) 1Da USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of work ng life, even if ret red)
Waterman Seafood Dorchester Co., Maryland COUNTRY? USA rd "pending" in pencil in Chief Medical Exominer's pages 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ben Mills Louise Bromwell Φ pup 4 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, go or unknown) (If yes give war or dates of service) removol. Unknown Mr. Galen Mills, RFD 3, Cambridge, Md. NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) burnol-tronsit 9 YET AND DEATH PART I DEATH WAS CAUSED BY. Coronary occlusion 0 IMMEDIATE CAUSE (a). writing the word used os a bunoi-tr burioi, cremation, DUE TO Conditions, if any, which gove (b) 01 rise to immediate cause (a), DUE TO stating the underlying cause forworded last. nsed PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY CERTIF CATION PERFORMED? please execute the certificate, NO X þe ogent, prior to pe 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port Lior Port L of item 18.) D PRIMARY I or CONTRIBUTING I should 3 should OTAL EXAMINER: CAUSE OF DEATH MED CAL 2Dd TURY OCCURRED 2De PLACE OF INJURY (Home, form, 20f 2Dc TIME OF INJURY Month, Doy, Year (City or fown) (County) (Stote) Hour a.m. While Not While foctory, street, office bldg., etc.) moy be retained for your FUNERAL DIRECTOR: Page at work L ot work its designoted 21. I certify that I took charge of the remains described above, held an Autopsy Inspection [X], Inquiry and in my apinion the funeral directar. Natural causes Suicide . death resulted from: Accident . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY necessary, 10/3/66 DEPUTY MEDICAL EXAMINER Heolth or **EXAMINER'S** John Mace NAME-TTYPE Address (Street, city, town, or county) Cambridge. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o 8URIA CREMATION. 23b DATE THEREOI (Store) 500 Oct 4, 1966 Dorchester Memorial Park Cambridge, Maryland REGISTRALS SEGNATURE 24 FUNERAL DIRECTOR VR A15ME (5) LeCompte Funeral Service, Cambridge, Maryland

6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death funeral s and 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH b. COUNTY o. COUNTY after MARYLAND c CITY OR TOWN (If autside corgarate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b If autside corparate imits, hours write RURAL and give nearest, tawn) umbridge IS RESIDENCE ON A FARM? filled in d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS papers within 72 NO DATE Year Middle carban NAME OF DECEASED urcel 10 1966 16 PELT. DEATH (Type or print) rrie IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years 6. COLOR OR RACE S. SEX 7. MARRIED NEVER MARRIED Days Hours Manths WIDOWED DIVORCED 10 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) 10a USUAL OCCUPATION (Give kind of work dane HOL KIND OF BUSINESS OR during most of working life, even if cetired) COUNTRY? INDUSTRY Hartment Salisbury Ad. unknown house ife 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Eliza Jane Hitch Horotoff George Washington Hastings 16. SOCIAL SECURITY NO Parkadress Salisbury, Ma. IS WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dotes of service 6 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gove rise to immediate cause (o). DUE TO stoting the underlying cause Health priar ta has been the ATTENDING PHYSICIAN: The law last WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION YES A NO O FUNERAL DIRECTOR: After this certificate 205. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour e.m. Nat While 2]. I certify that (I) (this hospital) attended the deceased from 19 65, to\_ 10-16 19 66 that (I) (we) lost be retained 1966, and that death accurred at 1000 a M, from couses and on the date stated above saw the deceosed olive on 10 - 16 - 4 22b. DATE SIGNED 220. SIGNATURE DIRECTOR 22d, ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Parsons Cemetery Salisbury, Maryland 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 HOLLOWAY & COMPANY, SALISBURY, MARYLAND 1986



## FOR STATE HEALTH DEPT.

O DEPUTY MEL. \*\* EXAMINER: This certificate should be executed within 24 hours after death. If any delay ecessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO DEPUTY MEL

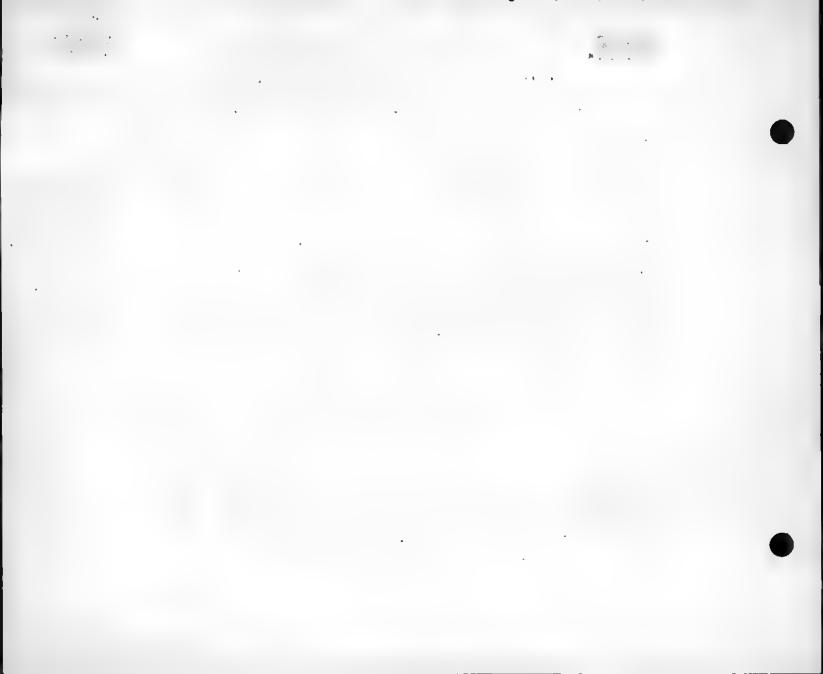
VR ALSME (5) 5M 1/65

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior - burial, cramation, or removal, and in any event within 72 hours after death.

9

	MAKT	LAND STATE DE	PARIMENIUF	HEALIH	
Division of	STATISTICAL RESEA	RCH AND RECORD	S, 301 W. PRESTON	STREET, BAL	TIMORE 1, MARYLAND
14110	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEAT	H 1411
PLACE OF DEATH			II O HELLAL DECIDENCE	Children James J. Co.	

1.	a. COUNTY			C (Mauste Deceased Lited, 1)		estaence before agmi	Issioni
1	DORCHESTER	MARYLAND	B. STATE MD.		OUNTY C AR	ROLINE /	
Г	b. City OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 10	c. CITY OR TOWN (If	outside corporate limits			town)
RI	IRAL CAMBRIDGE	2 YRS.	DENTON.	Rт. 1			
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospital, give street address	d. STREET ADDRESS			6. IS RESID	DENCE
	ASTERN SHORE STATE HOSPIN					ON A FAI	
1	NAME OF First	Middle	Last	4. DATE M	onth		10 🗍
"	DECEASED	BELL	PUSEY	OF .			_
1.5			8. DATE OF BIRTH	DEATH OCTO		19 60	
	/. MARKIE			last birthd			Min.
-1	EMALE WHITE WIDOWE		7/9/87	79 yrı			
ģ	Da. USUAL OCCUPATION (Give kind of work done) 10b.  Iring most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or foreign country)	12. C	TIZEN OF WHAT	
L			Mo.			U.S.	
	3. FATHER'S NAME		14. MOTHER'S MAIL	EN NAME			
	JAMES R. THOMPSON		VICTORIA	POWELL			
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 (es, no, or unknown)   (If yes give war or dates of service)	6. SOCIAL SECURITY NO.   17.	INFORMANT	Ad	dress		
1	NO 2	20-12-0635	HOSPITAL REC	ORDS			
	18. CAUSE OF DEATH [Enter only one cause per	line for (a), (b), and_(c).]				INTERVAL BETW	VEEN
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	orm clas	× 2 em	u an'a		ONSET AND DE	ATH.
	7047 DUE TO			_			
1	Conditions, if any, which ) (b)	ron the e	CH lake	le le mai			
	gave rise to immediate (			Y			
	underlying source feet		1	/			
13	7 10	BUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL D	DISEASE CONDITION GIVEN	INPART 1(a)	19. WAS AUTO	
İ						PERFORMI	IED?
. E	20a. EXTERNAL CAUSE WAS   20b.	DESCRIBE HOW INJURY OCC	CURRED. (Enter nuture of	Inducy is Part Lor Part	Il of Item 18		<u></u>
CERTIFICATION	PRIMARY OF CONTRIBUTING	C.00 1	Honord	L. 0	., 01 (10(1) 42	,	
1	20c. TIME OF INJURY Month, Day, Year   20d.	INJURY OCCURRED   200. PI	ACE OF INTIDA HOMA 6	arm. 20f. (City or town	) /Cou	anty) (Sta	ate)
MEDICAL	Hour a.m. while the wind with		ACE OF INJURY Home, fatory, street, office bldg., e		11 0	00	A
ž			stem Shor.		200	ranksile	2000
	21. I certify that I took charge of the re	mains described above, h	eld an Autopsy 💹,	Inspection [ ], [	hquiry,	and in my by	union
Ш	death resulted from: Natural causes [	], Accident 🔏 S	uicide 🔲, Homici	de 🔲, Undetermir	ned manner		
П	(11)	. 0 1	CHIEF MEDICA	L EXAMINER			
	SIGNATURE DA CO	eer	m.D.	DICAL EXAMINER		22. DATE SH	GNED
	EXAMINER'S Pade W R	ieckont	E - Address (Street	t, city, tower on county)	ex k	d 10.11-	((
2	BURIAL CREMATION 1 23b. DATE THEREOF	23c. NAME OF CEMETE	RY OR CREMATORY	23d LOCATION (CIT)	, town or cou	unty) (Stat	10)
	(SREMOVAL (Specify) (Oct. 16, 1961	ol Dent	0.00	1) ento	20	Md.	
1	4. FUNERAL DIRECTOR	ADDRESS	25a. RE	C'D BY REDISTRAR   25b.	REGISTRAR	S SIGNATURE	
7	"harles V. heave	1/enton,	red. DATE O	CT 2 0 1966	Ocho	elon Onda	



ent of death.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in penal in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form. PM3. Page

5 may TO FUN Health VR A15ME (5)

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	ERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Depa	i ar its designated agent, prior to buriol, cremation, ar remaval, and in any event within 72 haurs after	
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINED'S CERTIFICATE OF DEATH

County   C		14111	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	14112				
B. CHY OR TOWN (If outside corporote limits, write RURAL and give neorest fown)  RURAL CAMBER DIGE  4. MANE OF MOSPINED OR INSTITUTION (If not in hospital), give streef address)  4. MANE OF MOSPINED OR INSTITUTION (If not in hospital), give streef address)  BASTERN SHORE STATE HOSPITAL  4. MANE OF MOSPINED OR INSTITUTION (If not in hospital), give streef address)  BASTERN SHORE STATE HOSPITAL  4. MANE OF FIRST  Module  WALTER  SHOCKLEY  BATE Month  Doy  Year  OF FAST  OCTOBER 11  1966  S. SIXE  C. LIYO OR TOWN (If outside corporote limits, write RURAL and give neorest rown)  Processing Shockley  I a DATE Month  Doy  YES  NO IN INTERNATIONAL OF THE INTERNATION (If out in hospital), give streef address)  LADOUR OF THE WILLIAM (If out in hospital) and a part of the p	1			2 USUAL RESIDENCE (Where deceased lived, if institution Resid	ence before admission)				
B. CHY OR TOWN (If outside corporate limits, write RURAL and give nearest rown)  RURAL CAMBRID GE  4. MANG OF MOSPILLOR RITTUTION (If not in hospital), give street address)  EASTERN SHORE STATE HOSPITAL  3. NAME OF  RURAL CAMBRID GE  4. MANG OF MOSPILLOR RITTUTION (If not in hospital), give street address)  B. ATTERN SHORE STATE HOSPITAL  3. NAME OF  RURAL CAMBRID GE  4. MAGUIN  WALTER SHOCKLEY  B. DATE OF BEATH  OCTOBER 11  1966  5. SIXE A. COLOR OR RACE  7. MARRID MALE  WHITE  WIDOWO DE SIXINS OR  INDUSTRY  PROCESSING Plants  II BIRTHAGE (Stote or foreign country)  10. SUBLA COURATION (Croek and of work done during month or working life, years if retired)  Laborrer  11. STATERN MANG  GEORGE A. SHOCKLEY  To WAS DECASLO EVER N. U.S. ARMED FORCES?  IF ARM I DEATH WAS DECASLO EVER N. U.S. ARMED FORCES?  IF ARM I DEATH WAS DECASLO EVER N. U.S. ARMED FORCES?  I CAMBRID ON WHICH gives on work or dotted shearing.  I CAMBRID ON WHITE SHAPE (Stote or foreign country)  I STATERN AND SHAPE (STOTE ON NAMED FORCES?  I MANDIALE CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  RASPITATION OF THE N. S. ARMED FORCES?  I CAMBRID ON WHICH gives an work or dotted shearing.  I CAMBRID ON CONTRIBUTION OF THE TRANSPORT OF THE RECORDS  I CAMBRID ON CONTRIBUTION OF THE TRANSPORT		DOR CHESTER	MARYEAND	MARYLAND 6. COUNTY, WIC	OM ICO				
RURAL CAMBRID GE  4. NAME OF MOSTITUTION (If not in hospital, give street oddress)  6. STREET ADDRESS  1. ST	-		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and g	ive nearest town)				
d. MAME OF HOSPITAL OR INSTITUTION (if not in hospitol, give street address)  EASTERN SHORE STATE HOSPITAL    Constitution   C	R		11 YRS.	PITTSVILLE	4				
S. STERN SHORE STATE HOSPITAL	<u> </u>	d. NAME OF HOSPITAL OR INSTITUTION (If not in I	hospital, give street address)	d. STREET ADDRESS	e IS RESIDENCE				
S. SIX   C. COLOR OR RACE   7. MARRIED   NEVER MARRIED   NEVER MARRIED   D. DATE OF BIRTH   9. AGG (in years   MADINE)   MADINE	Ε	ASTERN SHORE STATE HOS	PITAL						
S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   NEV	3.		Middle		Doy Year				
MALE MHITE WIDOWED DIVORCED 10/22/10   Months Doys Hours Men.			WALTER	SHOCKLEY DEATH OCTOBER 11	1966				
MALE WHITE WIDOWED DIVORCED 110/22/10 99 yrs.    Too SUBLECURETO (Cover and of work done done during most of working life, even if refired)   106 KIND OF R.SINESS OR INDUSTRY   11 BIRTHPLACE (Stote or foreign country)   12 CITIZEN OF WHAT COUNTRY?   13 FATHERS NAME   14 MOTHERS MADEN NAME   14 MOTHERS MADEN NAME   15 WAS DECESSED REVER NU.S ARMED FORCES?   16 SOC A. SECURITY NO   17 INFORMANT   18 Address   16 SOC A. SECURITY NO   17 INFORMANT   18 Address   18 Address	S.	SEX 6. COLOR OR RACE 7. I	MARRIED NEVER MARRIED X	1 1 1 1					
COUNTRY   COUN		MALE WHITE W	IDOWED DIVORCED	10/22/10 33 55 Yrs.	Doys Hours Min.				
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18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   PART   DEATH WAS CAUSED BY.   MINIMEDIATE CAUSE (a) Asphyxia   DUE TO     Conditions, I only, which gove tase to immediate couse (a), stoting the underlying couse   (c)     PART   OTHER S GNIFICANT (ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART   (c)   19. WAS AUTOPSY PERFORMED     PART   OTHER S GNIFICANT (ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART   (c)   19. WAS AUTOPSY PERFORMED     PART   OTHER S GNIFICANT (ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART   (c)   19. WAS AUTOPSY PERFORMED     PART   OTHER S GNIFICANT (ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART   (c)   19. WAS AUTOPSY PERFORMED     PART   OTHER S GNIFICANT (ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART   (c)   19. WAS AUTOPSY PERFORMED     PART   OTHER S GNIFICANT (ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART   (c)   19. WAS AUTOPSY PERFORMED     PART   OTHER S GNIFICANT (ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART   (c)   19. WAS AUTOPSY PERFORMED     PART   OTHER S GNIFICANT (ONDITIONS CONTRIBUTION GIVEN IN PART   (c)   19. WAS AUTOPSY PERFORMED     PART   OTHER S GNIFICANT (ONDITIONS CONTRIBUTION GIVEN IN PART   (c)   19. WAS AUTOPSY PERFORMED     PART   OTHER S GNIFICANT (ONDITIONS CONTRIBUTION GIVEN IN PART   (c)   19. WAS AUTOPSY PERFORMED     PART   OTHER S GNIFICANT (ONDITIONS CONTRIBUTION GIVEN IN PART   (c)   19. WAS AUTOPSY PERFORMED     PART   OTHER S GNIFICANT (ONDITION GIVEN IN PART   (c)   19. WAS AUTOPSY PERFORMED     PART   OTHER S GNIFICANT (ONDITION GIVEN IN PART   (c)   19. WAS AUTOPSY PERFORMED     PART   OTHER S GNIFICANT (ONDITION GIVEN IN PART   (c)   19. WAS AUTOPSY PERFORMED     PART   OTH				S.					
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Chronic brain syndrome.    PERFORMED?									
20c T.ME OF INJURY Month, Doy Year  1:15 PM 10/11/66  21. I certify that I took thorge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinion death resulted from:  Notural causes , Accident , Suicide , Homicide , Undetermined monner , CHIEF MEDICAL EXAMINER , NAME (ILPSE) John Mace Jr. M. D.  230 BUR AL, CREMATION, REMOVAL(Specify) , 236 DATE THEREOF , 23c NAME OF CEMETERY OR CREMATORY , 23d 10CATION (City or Town) (County) (State)	.,	PART II OTHER S GNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY				
20c T.ME OF INJURY Month, Doy Year  1:15 PM 10/11/66  21. I certify that I took thorge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinion death resulted from:  Notural causes , Accident , Suicide , Homicide , Undetermined monner , CHIEF MEDICAL EXAMINER , NAME (ILPSE) John Mace Jr. M. D.  230 BUR AL, CREMATION, REMOVAL(Specify) , 236 DATE THEREOF , 23c NAME OF CEMETERY OR CREMATORY , 23d 10CATION (City or Town) (County) (State)	ATIO.	Chronic bra	in syndrome.						
20c T.ME OF INJURY Month, Doy Year  1:15 PM 10/11/66  21. I certify that I took thorge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinion death resulted from:  Notural causes , Accident , Suicide , Homicide , Undetermined monner , CHIEF MEDICAL EXAMINER , NAME (ILPSE) John Mace Jr. M. D.  230 BUR AL, CREMATION, REMOVAL(Specify) , 236 DATE THEREOF , 23c NAME OF CEMETERY OR CREMATORY , 23d 10CATION (City or Town) (County) (State)	TEIC	200 EXTERNAL CAUSE WAS	20b DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Port 1 or Port II of item 1B.)					
21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Notural causes , Accident , Suicide , Hamicide , Undetermined monner , CHIEF MEDICAL EXAMINER , CHIEF MEDICAL EXAMINER , Last SIGNATURE , ASSISTANT MEDICAL EXAMINER , DEPUTY MEDICAL EXAMINER , DEPUTY MEDICAL EXAMINER , Last SIGNED , Address (Street, cty, town, or county) Cambridge, Md.  230 BUR AL, (REMATION, REMOVAL/Specify)			Choked while ea	ating.					
21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Notural causes , Accident , Suicide , Hamicide , Undetermined monner , CHIEF MEDICAL EXAMINER , CHIEF MEDICAL EXAMINER , Last SIGNATURE , ASSISTANT MEDICAL EXAMINER , DEPUTY MEDICAL EXAMINER , DEPUTY MEDICAL EXAMINER , Last SIGNED , Address (Street, cty, town, or county) Cambridge, Md.  230 BUR AL, (REMATION, REMOVAL/Specify)	ICA1	20c TiME OF INJURY Month, Day Year			(Stote)				
21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Notural causes , Accident , Suicide , Hamicide , Undetermined monner .  ACTUAL SIGNATURE SIGNATURE SIGNATURE   ASSISTANT MEDICAL EXAMINER   1/5/67  NAME (Line) John Mace Jr. M.D. Address (Street, cty, town, or county) Cambridge, Md.  230 BUR AL (REMATION, REMOVAL (Specify)   23c NAME OF CEMETERY OR (REMATORY   23d LOCATION (City or Town) (County) (State)	ME	1:15° RM 10/11/66	While Not White Hot	ory street, office bldg, etc.)   Cambridge. Do	or. Md.				
deoth resulted from: Notural causes , Accident , Suicide , Homicide , Undetermined monner .  CHIEF MEDICAL EXAMINER .  ASSISTANT MEDICAL EXAMINER .  DEPUTY MED CAL EXAMINER .  1/5/67  Address (Street, cty, town, or county) . Cambridge, Md.  230 BUR AL, CREMATION, REMOVAL(Specify) . 236 DATE THEREOF . 23c NAME OF CEMETERY OR CREMATORY . 23d 10CATION (City or Town) . (County) . (State)									
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SIGNATURE  EXAMINER:  NAME (Lybe)  John Mace Jr. M.D.  ASSISTANT MEDICAL EXAMINER  DEPUTY MED CAL EXAMINER  1/5/67  Address (Street, cty, town, or county)  Cambridge, Md.  230 BUR AL (REMATION,  REMOVAL (Specify)  23c NAME OF CEMETERY OR (REMATORY)  23d LOCATION (City or Town) (County) (Stote)	CHIEF MEDICAL EXAMINER								
NAME (Life) John Mace Jr. M.D. Address (Street, cty. town, or county) Cambridge, Md.  230 BUR AL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)		SIGNATURE	eres	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED				
230 BUR AL CREMATION, REMOVAL (Specify) 236 DATE THEREOF 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)		EXAMINER'S		OF OUR DISCOUNT LANGINGTON	4.3 - 18.3				
REMOVAL (Speuty)	-								
Rupible   10/11/66   Dittorillo Comptons   Dittorillo ust Na	23				(County) (State)				
BUT181 10/14/00 Pittsville Cemetery Pittsville Wic Md.  24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	L			Cemetery Pittsville W	ic Md				
Holloway & Co. Salisbury, Md.	1			et alle f					

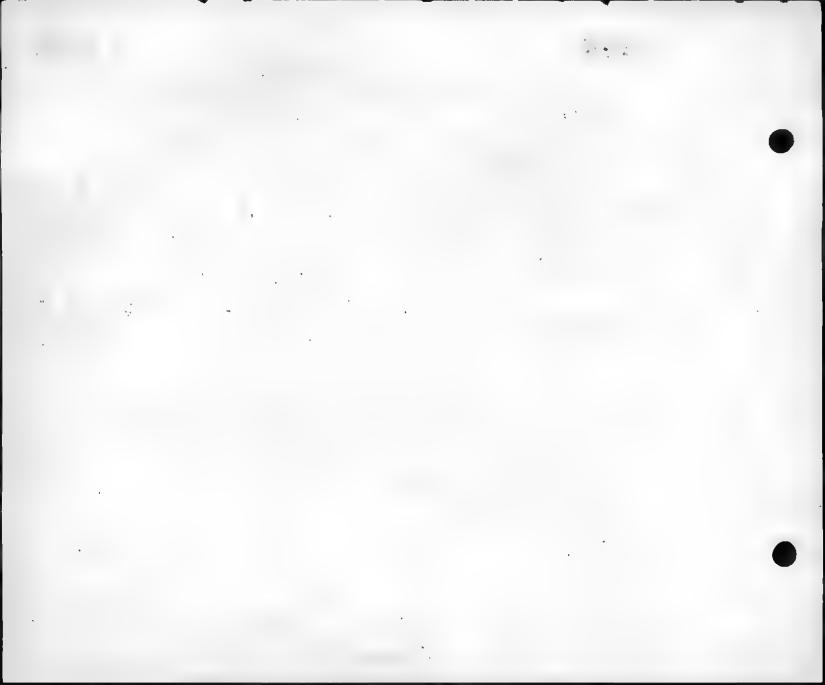
Lilm \$384-1/10/67. MB Originally reported on regulared with with from and should have been on M.E. from.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending paysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then plays remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removary after in any event, within 72 hours after death. 10 HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be exemted within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15.12
CERTIFICATE OF DEATH
15.01

_	<u>LA LA</u> CERTIFIE	CAIL	E UF DEATH		15603
1.	PLACE OF DEATH a. COUNTY	1	2. USUAL RESIDENCE (Where deceased live	d, If Institution: Re	esidence before admission)
	Trapal 1-p		B. STATE MARILAND	b. COUNTY	1 /
-	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY		c. CITY OR TOWN (If outside corporate lin	mits write RURAL	and give nearest town)
	write NURAL and give nearest town)		Toron	mes, mico nom-	and Rise meaners comin
_	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street ad	1 (1 ( a a a )	IPAPPE		10 000100100
	C. MARIE OF ROSPITAL OR INSTITUTION (IT NOT IN AUSPITAL, SIVE STICES SO	dress	d. STREET AUDRESS	1	e. IS RESIDENCE ON A FARM?
	CAM DEIOGE HOSPHITAI		Kt. of Boy	8	YES NO TO
3.	NAME OF First Middle DECEASED /		Last 4. DATE	Month	Day Year
	(Type or print) $AENIS$ $A$ ,		SMITH DEATH	10	16 1966
5.	SEX 6. COLOR OR RACE   7. MARRIED WIVER MARRIED	8.	DATE OF BIRTH 9. AGE (In		YEAR IF UNDER 24 HRS.
n	NA/S COLORED WIDOWED DIVORCED		Eh. 15 188h last blr	motitatio	Days Hours Min.
10	a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR		11. BIRTHPLACE (County & State, or foreign	yrs.	TIZEN OF WHAT
dur	ring most of working life, even if retired) INDUSTRY		Talkat K		UNTRY?
4	FATHER'S NAME		I GIDOT IV	10	1/2H
10	TARRES NAME		14. MOTHER'S MAIDEN NAME	1	
4	JOSEPH SMITH		MARY MANON	/	
15 (Ye	S. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. es, no, or unknown)   (If yes give war or dates of service)	17.	INFORMANT	Address	, 11
	NO 214-32-2373	HI	sphital KECORdS	(Ambe	MAFILE
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).	.1	The state of the s	Contract of the second	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:		vecture:		ONSET AND DEATH
	11 2 4 1	1	77/01/01/01/01		my
	Conditions, If any, which		Meant Alcanen		Ellier
	gave rise to immediate	1 '	7 ( ) ( ) ( ) ( )		
	cause (a), stating the DUE TO		1 1 + 1 1 0 0 1	110	101120
Z	underlying cause last. (c) 5 CM (3) 2 [1]	2 E C	1 14-16-107 (16+	-01/1	( , // )
1710	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELAT	ED TO THE TERMINAL DISEASE CONDITION G	IVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CERTIFICATION					YES NO
RTI	202. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJUR' OR CONTRIBUTING   CAUSE OF DEATH	Y OCCUR	RRED. (Enter nature of injury in Part I or P	art II of Item 18.	
믱	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20		E OF INJURY (Home, farm, 20f, (City or t	own) (Cou	nty) (State)
Ē	Hour a.m. While Not While		y, street, office bldg., etc.)		
Z	p.m. 19 at work at work		1.13161	4,,	
	21. I certify that (I) (this hospital) attended the deceased fro		19 to 19 to	7	that (I) (we) last
	saw the deceased alive on 1900, an	nd that	death occurred at 2 / M, from the c		e date stated above.
	22a. SIGNATURE		ATTENIDIAN AMED STAF	1 1 1 /	TE SIGNED
	Junay maryana	M.D.	ATTENDING MED. STAF		1/6 6
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	C. 1	11 0.1
	Lawrence Maryan	OV	CIO Kace 17.	(JWbr)	dge Md
23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEN	METERY	OR CREMATORY 23d. LOCATION (	(City, town or cou	nty) (State)
E	BURIA 16-21-66 PARA	2151	E CEMETERY	TRADA	= Md
24		1		25b. REGISTRAR'S	SIGNATURE
6	EDOCA SINGON KOON PORTE	m	PATE NOV 9 198	is orles	rela Quelar
	PURGETY TURNSTALLS CAPLON	116	DATE NOV 9 100	10	The grant

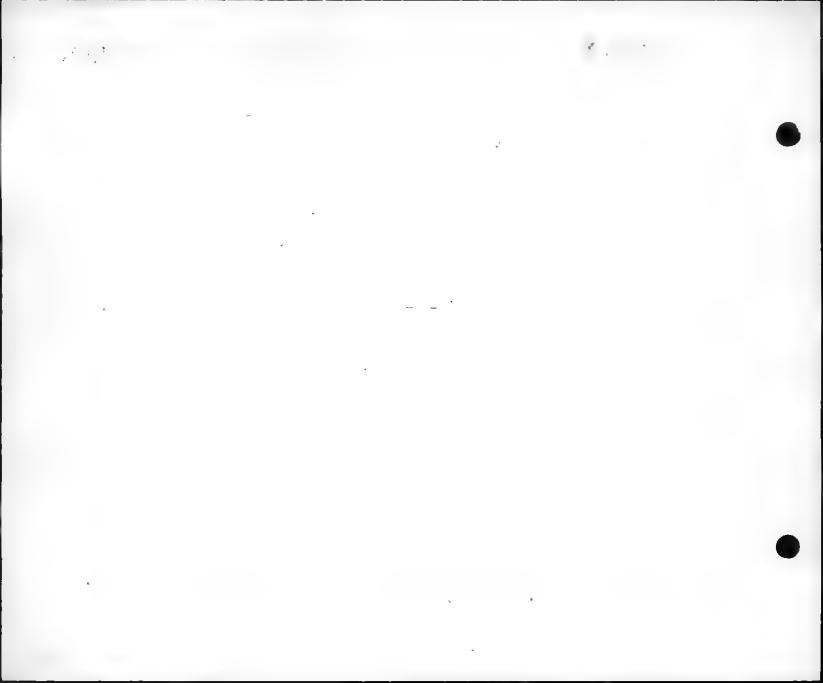
VR ALS (4) 20M 1/65



## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

· (M)		4 5 4 4 5	•	CENTIFICATE OF BRAZII	1201
FOR STATE	L	14113 MED	IICAL EXAMINER.2	CERTIFICATE OF DEATH 141	13
Page 13 to 18 to 1	1	o. COUNTY Dorchester	MARYLÁND	2. USUAL RESIDENCE (Where deceosed lived, if institution. Reside o STATE Maryland b COUNTY Do	ence before odmission)
2, and 3 to 2, and 3 to PM3 Page partment of after death.		b (ITY OR TOWN (If outside corporate limits, write RLRA, and give nearest town) Rural-Cambridge	c LENGTH OF STAY N 1b	c CITY OR TOWN (If outside carporate timits, write RURAL and g Rural-Cambridge	ve neorest town)
If Jr.y s 1, 2, orm P e Depo iurs aft		d NAME OF HOSPITAL OR NSTITUTION (If not in hosp to Town Point RFD # 3	g ve street address)	d STREET ADDRESS  Town Point RFD # 3	e IS RESIDENCE ON A FARM? YES A NO
after death If a sion of with form with the State De with 72 hours	3	NAME OF First DECEASED (Type or pnnt) LOUIS	Middle WILLIAM SNOW	Losi 4 DATE Month OF OCTOBER	Doy Year
		SEX 6 COLOR OR RACE 7 MARRIED WIDOWED WIDOWED		) DERTIE	R 1 YEAR   IF UNDER 24 HRS
Item I It		O USUAL OCCUPATION (Give kind of work done 10b K	IND OF BUSINESS OR NDLSTRY Motor	11 BIRTHPLACE (Stote or foreign country) 12 (	TIZEN OF WHAT OUNTRY? USA
within 24 in pencil in Examiner's File pages and in any	Ti:	FATHER'S NAME Unknown		14 MOTHER'S MAIDEN NAME UNKNOWN	
executed with ading" in permetal Exar permit. File permit, and amoval, and	15	(If yes give war of dotes of service)		NFORMANT Address wart L. Snowden, Scarsdale, N	V. Y.
This certificate should be executed within icate, writing the word "pending" in pencif be forworded to the Chief Medical Examine I be used as a burial-transit permit. File paging to burial, contemporal, and in a	==	1B. CAUSE OF DEATH (Enter only one couse per line for PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o)	r (o), (b), ond (c) )	clusion	INTERVAL BETWEEN ONSET AND DEATH
should be e ne word "per to the Chief A burial-tronsit mation, ar re		Conditions, if ony, which gove 1 (b)	rterioscher	the H. Disease	whom
ficate s ing the ded to os o bu		rise to immediate couse (a), stating the underlying couse lost.			
e, writiforwor forwor b used	NOITA	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	ic metags		19 WAS AUTOPSY PERFORMED? YES NO [2]
任 _ 무 의	CERTIFICATION	200 EXTERNAL CAUSE WAS 20b DI PRIMARY Or CONTRIBUTING CAUSE OF DEATH		Enter nature of injury in Port I or Port II of term 1B.)	1,00
MEDICAL EXAMINER: This please execute the certificate, director. Page 4 should be fretained for your files.  DIRECTOR: Page 3 should be ts designated agent, prior to	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d I While pm. 19 of wor		CE OF INJURY (Home, form, Ory, street, office bldg , etc.) 20f (City or town) (C	ounty) (Stote)
L EX. ecute Poge for you		21. I certify that I took charge of the rei		ld on Autopsy . Inspection . Inquiry .	end in my opinior
CTOP			Accident [], Suici		
<b>₹</b> = <b>2</b> = <b>2</b> ×		ACTUAL SIGNATURE Office R. M.	rangano	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED,
Ssary, funercy be on NERA		EXAMINER'S NAME (Type) Alfred R. Maryano		DEPUTY MEDICAL EXAMINER 610 Race Address (Street, city, town, or count cambridge	DT.
TO DI the 1 5 mc	23	o Burial (REMATION, CREMOYAL (Sect 17 1966	23c. NAME OF CEMETERY OR C	(REMATORY 23d LOCATION (City or Town)  Nome Washington, D.	(County) (State)
VR A15ME (5)	2	4 FUNERAL DIRECTOR Te Compte Funeral Service.	Cambridge. Mar	vland 250. REC'D BY REGISTRAR 25b REGISTRAR'S	

6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14114 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission PLACE OF DEATH deal b. COUNTY a. STATE o. COUNTY bre hester MARYLAND event, within 72 haurs after c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR IOWN (If outside corporate imits, e IS RESIDENCI ON A FARM? filled in I papers. HOSPITAL OR INSTITUTION (If hot in, hospital, give street address) YES NO Month Year DATE Doy remave carban NAME OF 1966 DECEASED benceR Millie. DEATH (Type or print) IF UNDER I YEAR IF UNDER 24 HRS AGE (In years S SEX 6 COLDR OR RACE MARRIED NEVER MARRIED lost birthdoy) Months Hours Days DIVORCED WIDOWED and in any gud 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11 (BIRTHPLACE (County & State, or fareign country) 100 USUAL OCCUPATION (Give kind of work done **COUNTRY?** during most of working life, even interired) INDUSTRY Home ZIS.a. physician Wousewi 14. MOTHER S MAIDEN NAME FATHER'S NAME attending p WAS DECEASED, WER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service KNOWX KNOWN burial, crematian, INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (b), ond (c) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying cause has been State Dept. of Health prior ta lost 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION YES [ NO TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (Stote) 20e PLACE OF INJURY (Home, form, (City or town) (County) 20al: INJURY DCCURRED 20f. 20c. TIME OF INJURY Month, Day, Year / WHour am foctory, street, office bldg , etc.) Not While of work 21. I certify that (1) (this haspital) attended the deceased from 16-16 1966, that (I) (we) last 1965 be retained (6), and that death accurred at 2 m, from causes and an the date stated above. director, page 3 shauld shauld be filed with the saw the deceased alive an DATE SIGNED 22b. 22o. SIGNATURE ATTENDING STAFF PHYS. DIRECTOR M.D PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 54 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL, CREMATION, 23b. DATE THEREOF Near Hurlock, Maryland Burial (Specify) Washington Cemetery Oct. 29,1966 24. FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR **ADDRESS** VR A15 (4) 20 M 1/66

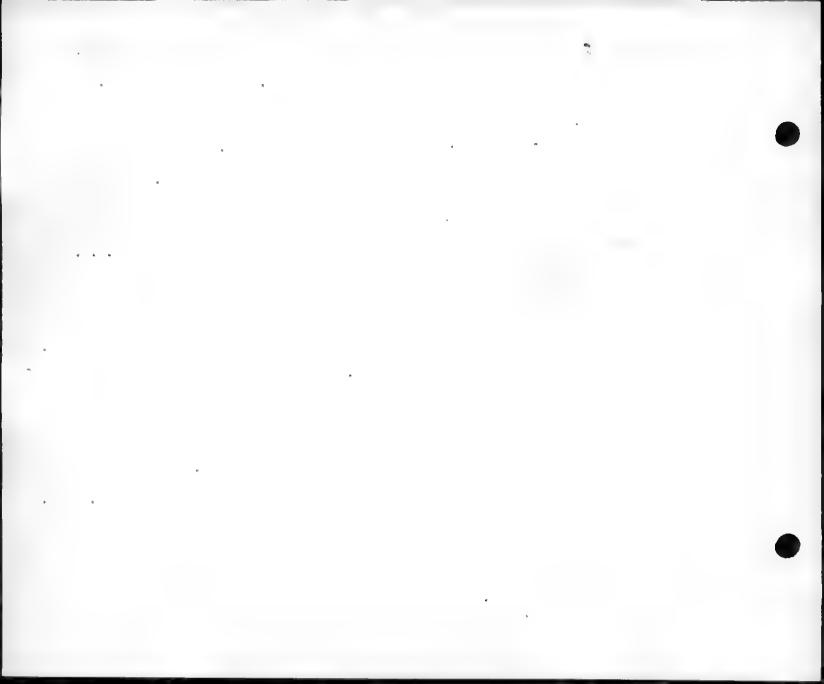
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**FOR STATE** HEALTH DEPT P.M.3 Poge and 3 to Deportment of delay 15 deoth ofter TO/OI hours 18. Give Pages 1 olong with forn Stote This certificate should be executed within 24 hours ofter death 72 the within with Chief Medicol Exominer's EI FI pup removal, 10 word cremotion, forwarded to 0 used as buriol, c please execute the certificate, Pe prior to 3 should shauld TAL EXAMINER: agent, g FUNERAL DIRECTOR: Poge its designoted the funeral director. O DEPUTY 0 Heolth 0

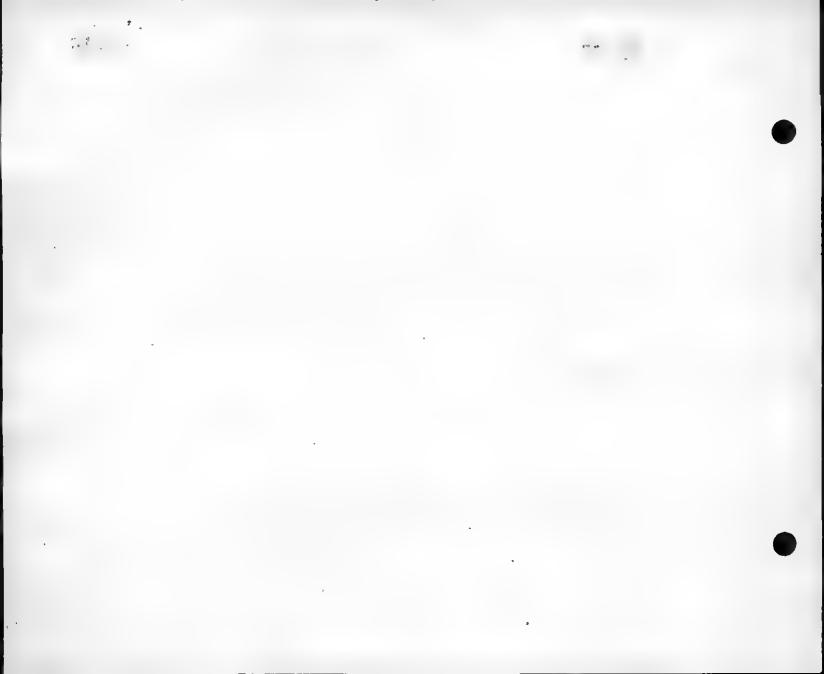
2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission. PLACE OF DEATH b. COUNTY Dore p. COUNTY Derchester MARY, AND b CITY OR TOWN (If outside corporate mits, C LENGTH OF STAY IN 16 c. ETY DR TDWN (If autside corporate : mits, write RuRAL and give nearest town) write RURAL and give nearest town) Cambridge l Me. Cambridge d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS S RESIDENCE ON A FARM? FIREFYDXENFYLWEXCAMA Cambridge Hospital Glenburn/ Ave./ Salvalle al NO 3 NAME OF Firs1 Middle 4. DATE (Type of print) Robesca Squires Oct. DEATH S SEX F UNDER 1 YEAR IF UNDER 24 HRS 6 CO.DR OR RACE 7 MARRIED NEVER MARRIED 8 DATE DE BIRTH AGE ( n years 1876 b rthdoy) Doys Hours WIDOWED DIVORCED 11 BIRTHPLACE (State or foreign country) 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during was of working life, even if retired) NDUSTRY COUNTRY? Indiana U.S.A 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Rubin Squires Unknown IS WAS DECEASED EVER IN U.S ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) Cambridge Hespital Records 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH Congestive heart failure PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Fracture neck r. femur 33 days Conditions tony which gove rise to immediate couse (a). DUE TO stoting the underlying cause PART I.. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND.T.ON GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HDW INJURY DCCURRED (Enter noture of njury in Port t or Port t of item 18) PR MARY Or CONTRIBUT NG Fell while walking in Nursing Home. CAUSE OF DEATH 20c T ME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) ({ounty) (Stote) Nursing Hens While Not While 9-15-6619 Cambridge Der. Md. of work of work Inspection 🐴 27 I certify that I taak charge of the remains described above, held an Autopsy Inquiry and in my apinion Accident [47] death resulted from: Natural causes Suicide . Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 10/18/66 DEPUTY MEDICAL EXAMINER 3 EXAMINER'S NAME (Type Address (Street, city, town, or county) John Mace Jr. 23c NAME OF CEMETERY OR CREMATORY Fairwiew Cemetery 23d LOCATION (City or Town) BURUM, CREMATION, Oct 21 1966 (County) (Stote) BUTTEN (Specify) Linton, Indiana Le Compte Funeral Service, Ca mbridge, Maryland

250 RECD BY REG STRAP

VR A15ME (5) 6M 1/66

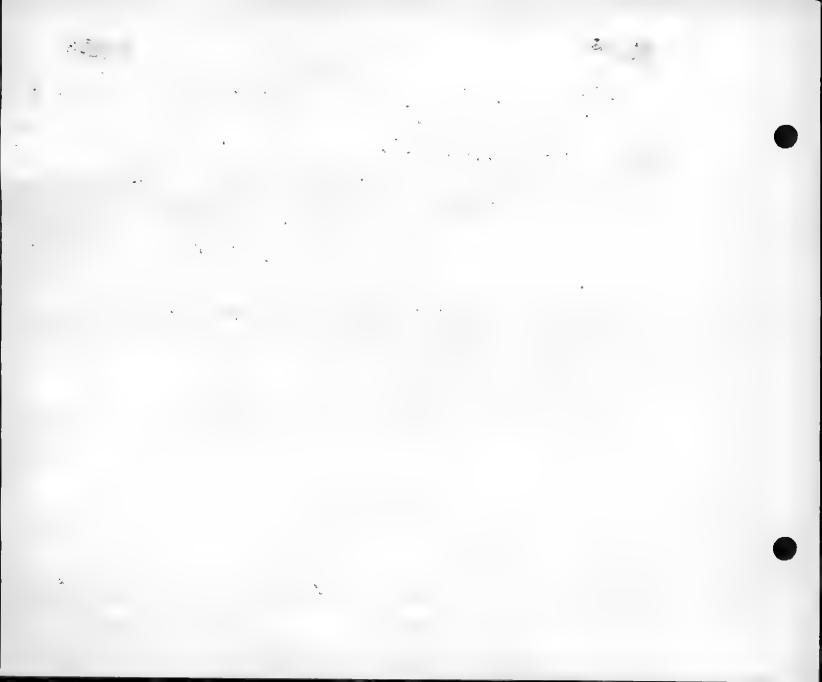


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH within 24 hours after death I. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY-Doilcheste MARYLAND b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) write RURAL and give nearest fawn) MNBRIDGE Ē IS RESIDENCE ON A FARM? papers. d NAME OF HOSPITAL OR INSTITUTION (14-not in hospital, give street address) d. STREET ADDRESS YES NO 3 NAME OF Middle 4 DATE Day Year ond in any event, wit Last completely DECEASED 30 1966 (Type or print) DEATH The law requires that the death certificate be expouted 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX **NEVER MARRIED** DATE OF BIRTH remove ost birthday) Months Days Hours WIDOWED DIVORCED YIS a ond IDa USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) physician a during most of working life, even if retired) **COUNTRY?** Home RAINIA HOUSE WIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown 11158 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) cremotion. 18 CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c) )
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSEY AND DEATH buriol-tronsit IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying couse Poge 4 moy be retained by the hospital or ottending FUNERAL DIRECTOR: After this certificate has been prior to 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION use with the State Dept. of Health NO 20b. DESCRIBE HOW WIJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of item 18.) 20g ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF FITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (Stote) foctory, street, office bldg , etc.) Not While at work at work 21. I certify that (1) (this haspital) attended the deceased fram Seros O, 1966 that 甘 (we) last 1966, and that death accurred at 015 M, fram causes and an the date stated above. saw the deceased alive an Oct 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** director, poge 3 should be filed v DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 23o. BURIAL CREMATION 23b DATE THEREOF REMOVAL (Specify) Burial East New Market, Dorchestermd. Nov. 1966 East New Market Cemetery 9 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24\_ FUNERAL DIRECTOR Thautton DATE 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH and 2 death. the death certificate be executed within 24 haurs after death. the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) o. COUNTY 6 COUNTY signed by the attending pressiven and campletely filled in by the fur Enrial-transit nermit. Then please remove carban papers. Pages I barial, cremation, ar remaindl, and in any event, within 72 hours after MARYLAND HENGTH OF STAY IN 16 CCITY OR TOWN III give negrest sown) B IS RESIDENCE ON A FARM? of in haspital, give street address) d. STREET ADDRESS None YES NO X NAME OF 4. DATE Month Dov Year Lost DECEASED (Type or print) DEATH S SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 24 HRS **NEVER MARRIED** 68 mhdoy) Months Days Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT KIND OF BUSINESS OR 10b. or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME James S. Jackson WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMAN INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO for me as the lift matter for the lift. stating the underlying couse has been last. WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO. TO FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH , page 3 should be detached the filed with the State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) クロヤヒ 20e PLACE OF INJURY (Home, form, (Stote) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) factory, street, office bldg., etc.) Hour o.m. **Not While** 2). I certify that W (this haspital) attended the deceased from 8-1-66 . 19 , to 10 -5-66, 19 , that (H) (we) last -5- 1966, and that death occurred at 621 4 M, from couses and on the date stated above. saw the deceased alive on 10 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR M.D. PHYS 22d. ADDRESS 22c PHYSICIAN S JuAME (Type) director, r 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Maryland Denton Denton 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1, and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the leads certificate be exemited within 24 hours after death.

	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND					
	LELLA CERTIFICAT	E OF DEATH	1	1	4118	
1.	PLACE OF DEATH  O. COUNTY  DECEMBER 100  MARYLAND	2. USUAL RESIDENCE B. STATE	CE (Where deceased	lived, 1f institution b. COUNTY	Residence before ad	mission)
-	b. CITY OR TOWN (If outside corporate limits, / write RURA), end give pearest town)	East X	outside corporate	limits, write RUR	AL and give neares	t town)
	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS			e. IS RESI ON A F	ARM?
L	JEILE Haven Vursing Home	<u>  </u>		<u> </u>		No X
3.	NAME DF DECEASED First Middle	Last	4. DATE OF	Month	Day Yea	//
5.	SEX   6. COLOR OR RACE   7 MARRIED   NEVER MARRIED	8. DATE OF BIRTH	DEATH	/In voore LIEUND	ER 1 YEAR IF UNDER	- Carrier
E	6. COLON ON NACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8/5/189	5	birthday) Month		Min.
10a dur	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (C	county & State, or for	eign country) 12.	COUNTRY WHAT	
13.		14. MOTHER'S MAIL	DEN NAME	m-1		
Z	Tuper Wi Bounds	121123	beth	1110/6	ne	
15 (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. s, no, or unknown) (1994) or war or dates of service)	informant sheland	Backu	Address the	East New M	=rKet
Ĩ	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]				INTERVAL BET	WEEN
П	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chianic Condina L	Canque to E	Corngy	Schennes	Dyis	
П	Conditions, If any, which \ DUE TO Concerning of A. T.	11 coclins	<i>y</i>		1041	
	gave rise to immediate (	111011122				
	cause (a), stating the OUE TO underlying cause last.					
No.	(6)	ATED TO THE TERMINAL	DISEASECONDITIO	N GIVEN IN PART 1	(a) 19. WAS AU	TOPSY
ICATI	Bilitist Hemiotesia Mellould Sec	ne butter	- Mellita	ta	YES T	NO 🛄
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature o	f injury in Part I o	or Part II of Item	18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL fact work at work at work	ACE OF INJURY (Home, f ory, street, office bldg., e	arm, 20f. (City etc.)	or town) (	County) (S	state)

Le that (1) (we) last 4.34 M, from the causes and on the date stated above.

(State)

22b. DATE SIGNED

ATTENDING PHYS. M.D.

and that death occurred at.

22d.

21. I certify that (I) (this hospital) attended the deceased from.

THER EOF

NAME OF

saw the deceased alive on

23b.

22a. SIGNATURE

PHYSICIAN'S NAME (Type)

BURIAL, CREMATION, REMOVAL (Specify)

MED, DIRECTOR ADDRESS

STAFF PHYS.

restra

23d. (COCATION (City, town or county) CEMETERY OB CREMATORY 10

REC'D BY REGISTRAR 25b. REGISTRAR'S

25a. 1966

VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH

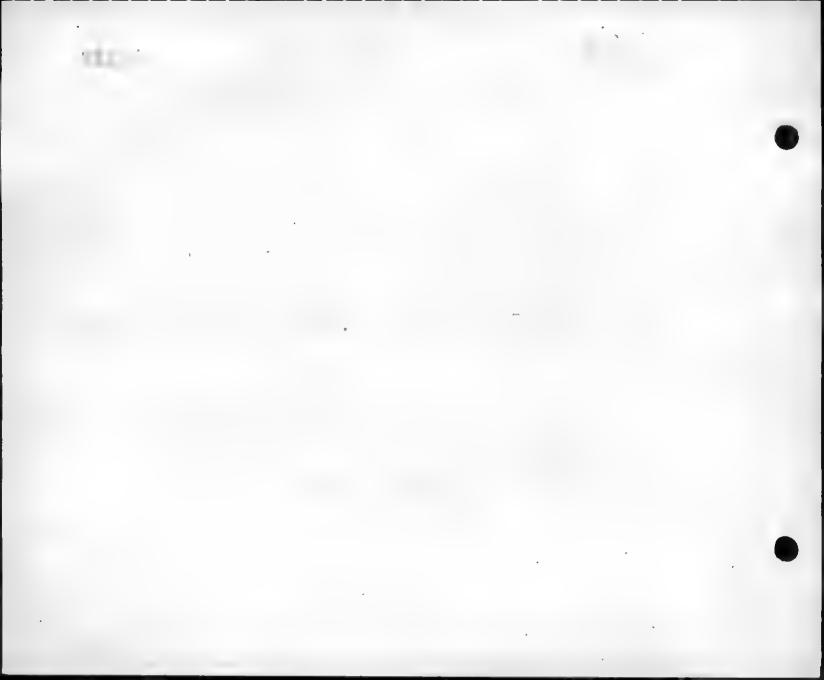
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

burior, defination of process, and in one event, whithin 72 hadrs after death		CERTIFICAT	E OF DEATH
		PLACE OF DEATH Derchester MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. STATE Maryland Talbot
ı	ŀ	CITY OR TOWN (If autside carparate limits, C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)
Į		write RURAL and give nearest town) Can bridge 2 wks.	McDaniel -
	(	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d STREET ADDRESS e 35 RESIDENCE
		Cambridge Maryland Hespital	ON A FARM? YES NO B
	3. [	NAME OF First Middle	Last 4. DATE Manth Day Year
		Takes  (Type or print)  Jakes	Thomas Death October 25 19 66
	Ş. S	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE ( n years   IF JINDER 1 YEAR   IF UNDER 24 HRS.
		Male Negro WIDOWED DIVORCED	Mar. 18.1910 56 yrs Manths Days Haurs Min.
		US. AL OCC. PATION (Give kind of work done 10b, KIND, OF BUSINESS OR	11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT
	duri	ng mostof working life, even if retired) Laborer LindusIRY Driver	Derchester Co. Md. USA
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		George Ross	Arenda Ennels
	15.	WAS DECEASED EVED IN ITS ADMED EDDOESS TA SOCIAL SECUDITY NO. 17	INFORMANT Address
	(18	s, no or unknown) (If yes give war ar dates at service)	Jennie Wilkins Cambridge, l.d.
		IB CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peritonitis	INTERVAL BETWEEN ONSET AND DEATH
		DUE TO	
		Conditions, if any, which gave nse ta immediate cause (a), (b) Ruptured Appe	endicitis 15 days
		stating the underlying couse DUE TO	
		last. (c)	
	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19 WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION	20g ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I ar Part II of Item 18.)
	MED CAL		LACE OF INJURY (Hame, farm, 20f. (City ar town) (Caunty) (State) actory, street, affice bldg., etc.)
		21. I certify that (I) (this haspital) attended the deceased fram.	10-10- , 1966 , ta 10-25- , 1966 , that (I) (we) last
		saw the deceased alive an 10025 1966, and the	at death accurred atM, fram causes and on the date stated above.
ŀ		22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
		Mari	M.D. PHYS. L. DIRECTOR L. PHYS. L. Oct. 27,1966
		22c. PHYSICIAN'S J. Edylin Fassett, M.D.	22d ADDRESS
Ŀ			727 Pine Street Cambridge, ad.
	<b>23</b> a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	
		BM9Y4(STim) 10/28/66 Bethel	Cambridge Der. Md.
	24	. FUNERAL DIRECTOR ADDRESS	250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law remaines that the death certificate be executed within 24 haurs after meath.

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please fellows carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, generation, or removal, and It any event, within 72 hours after death.

. MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	121/11		CERTIFICATE	OF DEATH		141211
	PLACE OF DEATH	ester	MARYLAND	e. STATE Mary		nstitution: Residence before edmission)  Y Dorchester
	Cambridge	re neerest town)	3 days	II	foutside corporete limits, write Cambridge	RURAL and give nearest fawn)
	d. NAME OF HOSPITAL Cambridge M	or institution (if not in laryland Hospi	nospital, give street eddress) tal	d. STREET ADDRESS Hudson-F	RFD #3	e. IS RESIDENCE ON A FARM? YES A NO
	NAME OF DECEASED (Type or print)	R.	STERLING	THOMAS	4. DATE Month OF DEATH	Oct. 24, 1966
	Mare		WED DIVORCED X	eb. 13, 1902	QT Aur	IF UNDER 1 YEAR   IF UNDER 24 HRS.  Months   Days   Hours   Min.
10d do	Tool Maker	(Give kind of work g life, even if retired)	KIND OF BUSINESS OR INDUSTR Rectronics	York, Pe		12, CITIZEN OF WHAT COUNTRY? USA
13.	FATHER'S NAME	harles F. Tho	mas	Annie St		***
15. (Y	WAS DECEASED EVER I	N U.S. ARMED FORCES? 1		INFORMANT SS Luise Thor	mas, York, Peni	na.
	PART I. DEATH W	TH (Enter only one cause per VAS CAUSED BY: AEDIATE CAUSE (e)	,я [	scular	Accident	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, we gove rise to immediate (a), stating the unde	couse	general	ized Ar	terioscler	osis 14r
CERTIFICATION	PART II. OTHER SIG	Dial	ONTRIBUTING TO DEATH BUT NO	ellitus		N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO
	OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH				
MEDICAL	20c. TIME OF INJURY Hour e.m. p.m.	WI		ACE OF INJURY (Home, ferm lory, street, office bldg., etc.	20f. (City or town)	(County) (Stelle)
	21. I certify that saw the deceased	1.	anded the deceased from. 2 4 1966, and that		11r	./, 19(), that (I) (we) last nd on the date stated above.
		curence Ma	anyano M	I.D. PHYS. D	ED. STAFF	22b. DATE SIGNED
_	22c. PHYSICIAN'S NAME (Type)	- 2 Wrence	Maryanoi	22d. ADDRESS G/O Ra	cest Can	brdge Md
230	REMOVAL (Specify)	Oct 28 1966	Prospect Hill		23d, LOCATION (City, low.	
	funeral director's compte Fun		ADDRESS Cambridge, Mar		OCT 27 966	Strang Signature Judge

VR A15 [4] 20M 5-63



## FOR STATE HEALTH DEPT

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page any Jelay is in pencil in Item 18. Give Pages 1, 2, and 3 to and 2 with the Stote Department of Event within 72 hours ofter death. Health or its designated agent, prior to burial, cremation, or remaval, and 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File necessory, please execute the certificate, writing the word "pending"

Tils certificate shoul bill executed within 24 hours after death. If

TO DEPUTY MEDICAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1412:	MEDICAL EXAMINER'S	CERTIFICATE O	F DEATH	14121	
O COUNTY Dorchester	MARYLAND	2 USUAL RESIDENCE (V • STATE Mary]	Where deceosed lived, if institution by COI	ution Residence before admission) UNTY Dorchester	
b CITY OR TOWN (If outside corporate limits, write RUPAL and give nearest town)	C LENGTH OF STAY N b	c City OR TOWN (If at Cambri	tside carparate limits, write RI .dg <b>e</b>	URAL and give nearest town)	
d NAME OF HOSPITAL OR INSTITUTION (H not n Cambridge Maryland Ho	hospital, give street address) spital	d street ADDRESS 403 Atla	antic Avenue	e IS RESIDENCE ON A FARM2 YES NO 1	
3. NAME OF First DECEASED W. (Type or print)	FRANK TURI		4 DATE Mor OF DEATH	Oct. 31, 19 66	
Male White	IDOWED D VORCED	Mar. 8, 190L	· UZ yrs	IF UNDER   YEAR   IF UNDER 24 HRS   Months   Doys   Hours   Min	
100 USUA, OCCUPATION (Give kind of work done design most of working life, even if retired)	10b KIND OF BUSINESS OR MIDUSTRY State	Cambrid.,		12 CIT ZEN OF WHAT COUNTRY? USA	
13. FATHERS NAME Benjamin Tu		14 MOTHER'S MAIDEN N Mary El	zey		
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, 20, or unknown) (If yes give war or dotes of sen	16 SOCIAL SECUR TY NO 220-12-1915 Mrs	nformant S. W. Frank	Turner, Cambi	nidge, Maryland	
Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse lost (c)_	Pulmonary edema Congestive Hear	t Failure		INTERVAL BETWEEN ONSET AND DEATH 10 wins 1 day	
PART II OTHER S GNIFICANT CONDITIONS CONTR  200 EXTERNAL CAUSE WAS PRIMARY   Or CONTRIBUTING	IBUTING TO DEATH BUT NOT RELATED TO T			19. WAS AUTOPSY PERFORMED? YES NO	
PRIMARY I or CONTRIBUTING I  CAUSE OF DEATH  20c TIME OF N.JRY Month, Day Year Hour o.m. Yhile of work of work of work of work of work I foctory, street, office bldg, etc.)  21. I certify that I took charge af the remains described above, held on AJtopsy I, Inspection X, Inquiry I, and in my opin on					
deoth resulted from: Notural causes X., Accident, Suicide, Homicide, Undetermined monner  ACTUAL					
examiner: NAME (Type) Johnace	Jr. M.B.	DEPUTY MEDICA Address (Street	L EXAMINER 11/	1/66	
230 BURIAL CHEMAT ON, 236 DATE THEREOF NOV 3 190	56 Dorchester Me	crematory emorial Park	23d LOCATION (City or To	own) (County) (Store)  , Maryland	
24. FUNERAL DIRECTOR  LeCompte Funeral Servi	ADDRESS Lee, Cambridge, Mar			REGISTRAR'S SIGNATURE	

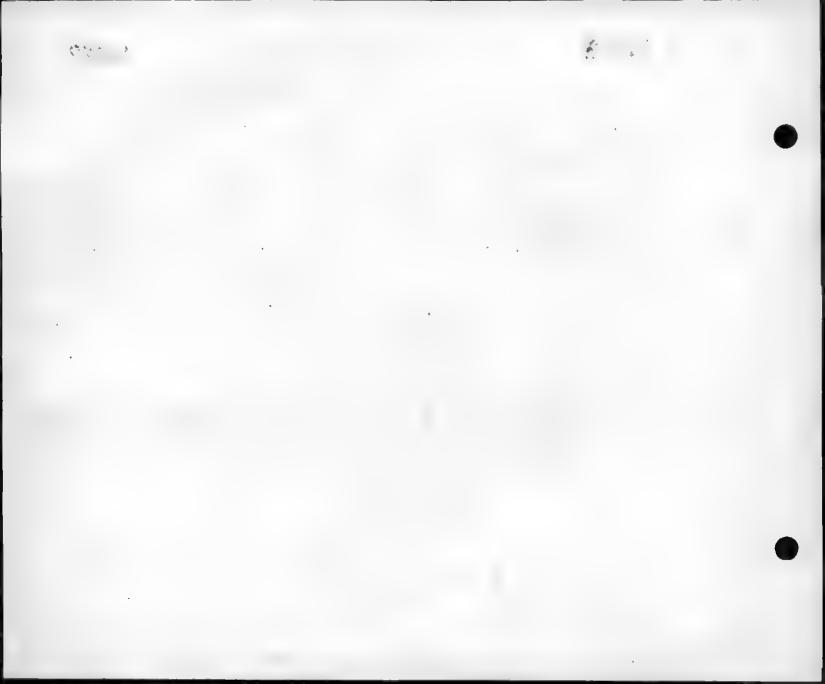
VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

<i>A</i>	)	14123		CERTIFICATI	E OF DEATH	1	4123
١		PLACE OF DEATH				ere deceosed lived, if institution Re	esidence before admission)
	(	o. COUNTY DO R	chest ex	_ MARYLAND V	O. STATE Arula	Nd County	en Hone
	1	b CITY OR TOWN (If write RURAL ond o	outside corporate limits,	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsi	de corporore limits, write RURAL on	d give nearest town)
	,		e Ruch	1 L 2 month 8 days	Chosterto	DWW EL	LRAL
	3	d. NAME OF HOSPITAL	OR INSTITUTION (If not n	nospital, give street address)	d. STREET ADDRESS	/	e. is residence on a farm?
	6	asteen.	Shore ST	Ate HOSPITAL			YES NO
		NAME OF	Ferst	Middle	Lost	A. DATE Month	Day Year
		(Type or print)	John	W.	WARK	DEATH 10	8 1966
İ	5. 5	SEX	6. COLOR OR RACE 7. I	MARRIED 🔀 NEVER MARRIED 🗌	8. DATE OF BIRTH	9 AGE (In years IF UI	NDER 1 YEAR IF UNDER 24 HRS. ths Doys Hours Min
		Μ	W W	IDOWED DIVORCED	样 一般	8 80	113 662 110013 11101
		USUAL OCCUPATION (I	Give kind of work done	10b KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & S	itate ar foreign (Ourtry)	COUNTRY?
	(	人日,一	-100 - MAKE		I-Re-LAT	day () A.	I-Ruland
	13	FATHER S NAME	. (1)		14 MOTHER'S MAIDEN NAM	ME 1 1	1
		JOHN	WARK		14 11	Holmes U	NKIOWN
			IN U.S. ARMED FORCES? I yes give wor or dates of serv	deal d	INFORMANT	Address Address	1/1/ AL
	(, ,	NO	73	151-07-3956 Ca	iter Star State	Hospilele Kacan	4 Contrady, 7/1d.
			IH (Enter only one couse pe WAS CAUSED BY:				ONSEL AND DEATH
		,	IMMEDIATE CAUSE (0)	freum ma	41.		Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
		470%	DUE TO				
		Conditions, if ony, wrise to immediate	course fol				
		stoting the underly					
		DADT II OTHER COM	) (c)_	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISCASE COND.	TION CIVEN IN DADT 1/a)	19 WAS AUTOPSY
-01	NOI	PART II OTHER STOP	PERFORMED?				
	MEDICAL CERTIFICATION	20o ACCIDENT WAS L	mic on	Day DESCRIPT HOLL INTERNAL OCCUPATION	(Fatan mature of Injury in Bar	A Law David Hard Same 10 V	YES NO NO
	ERTI	OR CONTRIBUTING	CAUSE OF DEATH	20b DESCRÍBE HOW INJURY OCCURRED.	(Enter noture of injury in Por	T I of Port II of Item 18 )	
	3	(IF EITHER, NOTIFY M 20c. TIME OF INJUR		20d INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form.	20f (City or town)	(County) (Stote)
	NED](	Hour o.m.		While Not While for	tory, street, office bldg., etc.)	Zui (City of idwit)	(2008)
	_	p.m.	19 - 41 - 4 (1) (4h in homison	ot work of work	72" 4 1 104	6/ 10 8-11	10 // 4b-4 /D /> b-4
			eased alive an 🔏	1) attended the deceased fram L	of death accurred at 6	66. , to 10 -8 - 66, +5 a M, from couses and o	nn the data stated above
		22o. SIGNATURE	eused dilve dil 222	7 17 12-2-5, and mo			b. DATESIGNED
		Poly	o Mr. Hon	LIST M	.D. PHYS. DI	ED. STAFF RECTOR STAFF PHYS	10/8/66
/		22c. PHYSICIAN'S	FELIPE M.	Bhull 1100	1 and Approved		
	_}	NAME (Type)	felipe M.	IDMINGUEZ	ZZd. ADDRESS. S.	7.161	
	230.	BURIAL, CREMATION	. 23b DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or Town)	(County) (State)
		REMOVAL (Specify)	1 10/11/6	6 SILVERBRADO	K CREAMATER	WILMINGTON	N.C.Con UEL.
	24	FUNERAL DIRECTOR	1 th 11	ADDRESS . #	250. REC'D' 8		IR'S SIGNATURE
	1	CAMPAK.	Tellou	D, PHULLINAPAN	DATE UL	T 1 3 1956 /	carrey Judge

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and charlo pletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please temove corban papers. Pages 1 and 5 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in ony event, within 72 hours after depth VR A15 (4) 20 M 1/66



## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL DESPARCH AND RECORDS 301 W PRESTON STREET RAITIMORE MARYLAND 21201

		DIVISION OF STATISTICAL RES	EARCH AND RECORDS, 301	W. I KESTON SIKE	EI, BALIIMORE, MARILAN	D 21201	
/		14123	CERTIFICATE			14123	
		PLACE OF DEATH		2 USUAL RESIDENCE (	Where deceased lived, if institution	Residence before admission)	
a. COUNTY			MARYLAND	o. STATE	b. COUNTY	ENT	
	t	b. CITY OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 1b		tside corporate firmits, write RURAL		
	RI	write RURAL and give negrest tawn) U.A.L. CAMBRIDGE	212 YRS.	RT. 2, CHE			
		d NAME OF HOSPITAL OR INSTITUTION (If not in hospita		d. STREET ADDRESS	.01411101111	a IS RESIDENCE	
- 9		ASTERN SHORE STATE HOSPI		U. SIKET RODKESS		AEZ SEST NO	
		NAME OF First DECEASED	Middle	Lost	4 DATE Month	Day Year	
	(	(Type or pnnt) AMELIA		WATSON	DEATH UCTOBER	14 166	
	5 5	SEX 6 COLOR OR RACE 7, MARRIE	D NEVER MARRIED 🔲 8	DATE OF BIRTH		UNDER 1 YEAR OF UNDER 24 HRS. anths Days Hours Min.	
	F	FEMALE WHITE WIDOWS	D X DIVORCED	10/7/82	84 yrs	annis Days nous Min,	
	10a	USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR	11. BIRTHPLACE (County	& State, or fareign country)	12. CITIZEN OF WHAT	
	duri	ing most of warking the, even if retired) - Housewite	INDUSTRY	Онто		COUNTRY?	
		FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	0.0.	
		JESSE D. BROWN					
	15		A SCICIAL SECUDITY NO. 17 II	MARY C. WALTER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or doles of service) 231 42 8401 HOSPITAL RECORDS							
		NU NU		SPITAL RECO	KUS		
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  MY TO AND D  INTERVAL BET ONSET AND D					
		4201 DUE TO	of 1	1/1			
	(b) and the size of the size o						
	- 1	stating the underlying couse DUE TO		F	2		
	- 1	kost. (c) (c)	eneral ar	unioel	UNVO		
	_	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)					
	8					PERFORMED? YES ☐ NO [☑	
	울		DESCRIBE HOW INJURY OCCURRED.	Enter nature of injury in	Port I or Port II of item 18.)	7	
	띪	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	MEDICAL CERTIFICATION		INJURY OCCURRED 20e. PLAC	E OF INJURY (Hame, farn	20f. (City or town)	(County) (State)	
		Hour am Ma	ila Mat While frich	ory, street, office bldg., etc.			
	_		of work	2796	10.64 40 10./14	10 C C Ab-A (1) () I	
		21. I certify that (I) (this haspital) atta	ended the deceased tram	doath accurred at	19 <u>.64</u> , to <u>10/14</u> 9:25 M, fram causes and	, 17 <u>00</u> , that (I) (we) las	
		saw the deceased alive on 10/14	19 00 , and mai	death accorred at	A+M+	22b. DATE SIGNED	
		22d. SIGNATURE	mare Illa :	ATTENDING	MED STAFF	10/14/55	
		1 un 6:	mun M.C	22d. ADDRESS	DIRECTOR L PHYS. L	10/ 14/ 50	
		22c. PHYSICIAN'S NAME (Type) RENE E. SMITH.	мп		entra Caucata	om kin	
		THEN E C. OFFITH			SPITAL, CAMBRID		
	230	D. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Oct 17 1	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town)		
	ſ	Rurial	.966 St. Paul			town, Md.	
1	24	NUNERAL DIRECTOR	ADDRESS			RAP'S SIGNATURE	
5		7-( L) L Vision P) O( ) A Ch	estertown, Mo	L. DATE	OCT 18 1966 /	Cliarles Judge	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

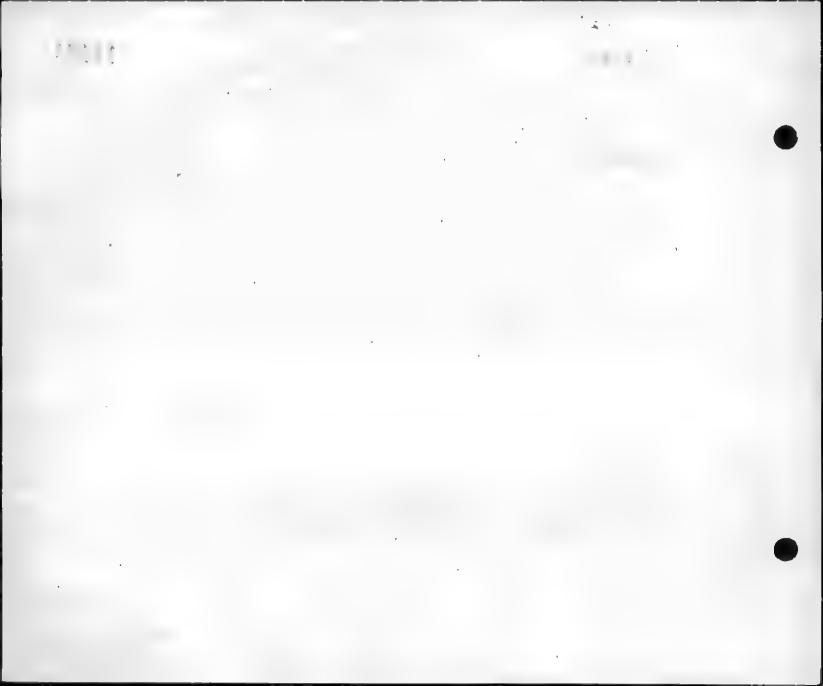
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS W PRESTON STREET BAITIMORE MARYLAND 21201

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or ottending physician.

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should hours after 2. USUAL RESIDENCE (Where deceased lived, if institution) PLACE OF DEATH a. COUNTY Dorchester b. COUNTY Maryland Dorchester by the and 2 death. MARYLAND c. LENGTH OF STAY IN 1b c, CITY OR TOWN (If outside corporate limits, write RURAL and give rearest town) b. CITY OR TOWN (if outside corporate limits. write RURAL and give neerest town) days Fishing Creek E ---Pages filled d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? Cambridge Maryland Hospital None YES NO. rbon papers. within 72 hor 3. NAME OF First Middle 4. DATE Inch Month Dev DECEASED OF HUBERT EDGAR WILLEY DEATH Oct. (Type or print) carbon 9. AGE (In yeers | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS. pue last birthdey) June 19, 1906 Months Male Whi te Min. WIDOWED [ DIVORCED [ attending physician Then please remove 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or fore gn country) 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? dang during most of working life, even if retired) Seafood Dorchester Co., Maryland USA Waterman 14. MOTHER'S MAIDEN NAME lease 13. FATHER'S NAME John Elzey Willey Minnie Shorter 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (If yes give we ror detes of service) Mrs. Hubert E. Willey, Fishing Creek, Md. been signed by the permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY-6 IMMEDIATE CAUSE (e) has been arguer he burial-fransit p cremation, **DUE TO** affending Conditions, if env. which gave rise to immediate cause DUE TO (a), steting the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY CERTIFICATION \$ ¢ PERFORMEDZ NO V prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached for the color of He MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED + 20e, PLACE OF INJURY (Home, ferm, ! 20f. (City or lown) (County) (Stota) factory, street, office bldg., etc.) While Not While Hour e.m. at work at work DIRECTOR: 3 should be defined by State Dept. o 19 6 0 10 -25 , 196 6 that (1) (we) last saw the deceased alive on. 19 - 25 19.66, and that death occurred at 2.0M, from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE ATTENDING death. Page 4 director, page 3 be filed with the PHYS. \_ DIRECTOR PHYS. M.D. HOSPITAL 22d. ADDRESS 22c. PHYSICIAN'S Cambridge, Maryland NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (State) REMOVAL (Specify) Oct 27 1966 Dorchester Memorial Park Cambridge, Maryland 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** LeCompte Funeral Service, Cambridge, Maryland VR A15 (4) 20M 5-63



## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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8. Give Pages

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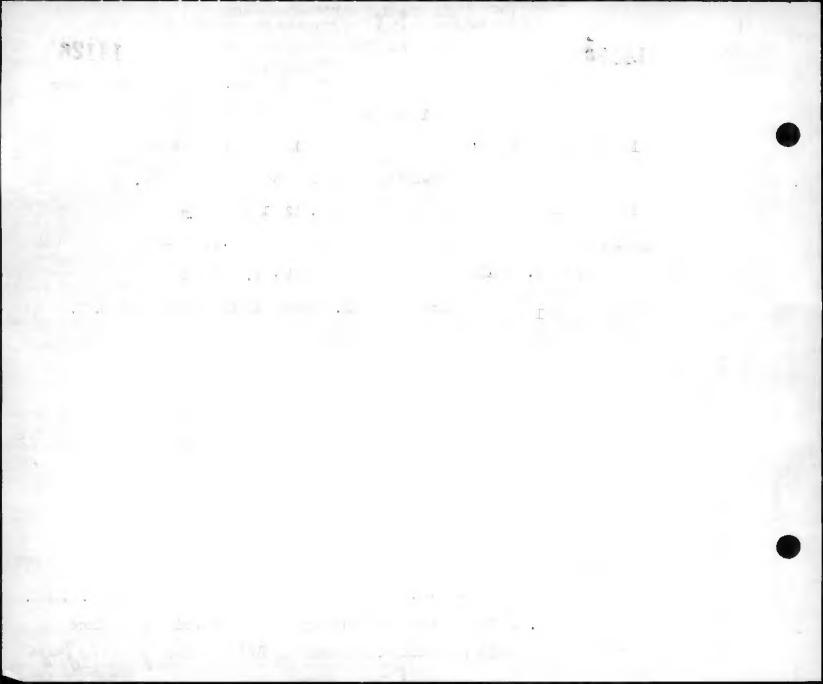
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Dorchester o. COUNTY Dorchester Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn)
Cambridge Cambridge 12 years d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1. Travers Court Apt's 1, Travers Court Apt YES NO X 3. NAME OF 4. DATE First WILLIS, Jr Month Year JOHN FONTAINE OF Oct. 18 19 66 DECEASED (Type or print) DEATH S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Male Whi to Aug. 22, 1886 Hours X WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) SHOP Dorchester Co., Maryland COUNTRY? USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John F. Willis Lottie J. Bennett 16. SOCIAL SECURITY NO 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes\_no, or unknown) (If yes give wor or dates af service) Unknown Mr. Gordon Willis, Washington, D. C. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: occlusion Coronary IMMEDIATE CAUSE (o) 4201 DUE TO Conditions, if ony, which gave (b) rise to immediate couse (a), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO X 20p. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour o.m. foctory, street, office bldg., etc.) While Not While at work of work 21. I certify that I took charge of the remains described obove, held an Autapsy Inspection X Inquiry and in my opinion death resulted from: Natural causes X Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) John Mace Jr. M.D. Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) BULL Specify) Oct. 20 1966 Cambridge Cemetery Cambridge, Maryland 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE LeCompte Funeral Service, Cambridge, Maryland

VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH CV deoth within 24 haurs after death. and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) funeral 1. PLACE OF DEATH a. STATE b. COUNTY o. COUNTY MARYLAND DORCHESTER DORCHESTER MARYLAND c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) the b. CITY OR TOWN (If autside corparate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) van papers. Pag within 72 haurs EAST NEW MARKET MARYLAND CAMBRIDGE (RURAL) 13 YEARS
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS = filled NO RED EASTERN SHORE STATE HOSPITA 4. DATE Year 3. NAME OF Lost pou campletely DECEASED DEATH event, (Type or print) WALTER OCTOBER death certificate be executed IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** Hours last birthday) Months DIVORCED WIDOWED \* 75 Yrs. MALE NEGRO -XXX85 1890 12. CITIZEN OF WHAT 11. BIRTHPLACE (Caupty & State, or fareign country)

Dorchester County 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind at wark done during most of working life, even if retired]

RETIRED KERK Farmer **COUNTRY?** INDUSTRY physician nen please Farming MARYLAND 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remaya STEVEN YOUNG (maiden name unknown) IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, ng, or unknawn) (If yes give war or dates of service) RECORDS OF THE EASTERN SHORE STATE HOSPITAL 215-16-3617 burial, crematian, requires that the 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH signed by the burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if ony, which gove (6) rise to immediate cause (a), DUE TO stoting the underlying couse as the prior tal has been WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health p CERTIFICATION YES NO TO FUNERAL DIRECTOR: After this certificate b 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II af item 18.) 20g. ACCIDENT WAS UNDERLYING detached for te Dept. af F OR CONTRIBUTING [ ] CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. factory, street, affice bldg., etc.) Not While of work at work 19\_\_\_\_, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from be retained M. from couses and an the date stated above. and that death accurred atsaw the deceased alive on 22b. DATE SIGNED 22o. SIGNATURE DIRECTOR PHYS. director, page 3 should be filed v 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) 230. BURIAL CREMATION. 23b. DATE THEREOF Nov. 3. 1966 Near Vienna, Maryland Salem Cemetery 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4)

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